

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

ADDRESS (number and street) ▼

317 Massachusetts Ave., N.E.

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J. Robb III, MD

Signature of Treasurer

William J. Robb III, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		977438.67
(b) Cash on Hand at Beginning of Reporting Period.....	977438.67	
(c) Total Receipts (from Line 19) .....	495669.87	495669.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1473108.54	1473108.54
7. Total Disbursements (from Line 31) .....	368385.79	368385.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1104722.75	1104722.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 01 01 2014

To:

 M M / D D / Y Y Y Y Y  
 03 31 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

431554.00

431554.00

(ii) Unitemized .....

50913.00

50913.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

482467.00

482467.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

482467.00

482467.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

6830.02

6830.02

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

6350.00

6350.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

22.85

22.85

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

495669.87

495669.87

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

495669.87

495669.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6735.79	6735.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6735.79	6735.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	361650.00	361650.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	368385.79	368385.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	368385.79	368385.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	482467.00	482467.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	482467.00	482467.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6735.79	6735.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	6830.02	6830.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-94.23	-94.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 303  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Richard Franklin Bruch MD</b></p> <p>Mailing Address 207 Pineview Rd</p> <p>City State Zip Code Durham NC 27707</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Triangle Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 07 / 2014  <b>Transaction ID : 5632620</b> </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Claudette Malvina Lajam MD</b></p> <p>Mailing Address 30 Knollwood Dr</p> <p>City State Zip Code Larchmont NY 10538-1238</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Hospital for Joint Diseases Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 09 / 2014  <b>Transaction ID : 5642245</b> </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Daniel Guy MD</b></p> <p>Mailing Address 630 Country Club Rd</p> <p>City State Zip Code Lagrange GA 30240</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Southern Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 10 / 2014  <b>Transaction ID : 5646857</b> </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			3000.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 303

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Bruce Wolock MD**

Mailing Address 8564 Leisure Hill Dr

City State Zip Code  
 Baltimore MD 21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2014

Transaction ID : 5649751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James A Shapiro MD**

Mailing Address 7221 3rd Ave

City State Zip Code  
 Kenosha WI 53143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UHSI

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2014

Transaction ID : 5649752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jerald P Waldman MD**

Mailing Address 26401 Crown Valley Prkwy Ste 101

City State Zip Code  
 Mission Viejo CA 92691-6350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2014

Transaction ID : 5649754

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 303

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. Adolph V Lombardi Jr, MD

Mailing Address 7277 Smith's Mill Rd  
Ste 200

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Joint Implant Surgeons, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : 5649755

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas S Samuelson MD

Mailing Address 12101 Catalina Street

City State Zip Code  
Leawood KS 66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas City Bone &amp; Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : 5649756

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Terence J Gioe MD

Mailing Address 13706 Dunbar Way

City State Zip Code  
Apple Valley MN 55124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : 5649757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1625.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Clifford G Rios MD**

Mailing Address 83 Hunter Dr

City

West Hartford

State

CT

Zip Code

06107-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Hartford

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	4

**Transaction ID : 5649759**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. J Wendell Duncan MD**

Mailing Address 5321 Columbia Rd

City

Grovetown

State

GA

Zip Code

30813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Augusta Ortho &amp; Sports Med Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	4

**Transaction ID : 5662493**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard J. Stewart**

Mailing Address 1202 Barclay Cir

City

Inverness

State

IL

Zip Code

60010-5263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Academy of Orthopaedic Surg

Occupation

Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	4

**Transaction ID : 5662496**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 303

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Gary W Misamore MD**

Mailing Address 10430 Hickory Ridge

City State Zip Code  
Zionsville IN 46077

FEC ID number of contributing federal political committee.

C

Name of Employer

Methodist Sports Medicine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : 5662498

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brian R Hamlin MD**

Mailing Address 3169 Beechwood Drive

City State Zip Code  
Allison Park PA 15101

FEC ID number of contributing federal political committee.

C

Name of Employer

UPMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : 5662500

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David P Mesna MD**

Mailing Address 3704 Camino Codorniz

City State Zip Code  
Calabasas CA 91302-3043

FEC ID number of contributing federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : 5662501

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Xavier A Duralde MD**

Mailing Address Suite 700

2045 Peachtree Road NE

City

Atlanta

State

GA

Zip Code

30309-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peachtree Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2014

Transaction ID : 5662502

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark A Dodson MD**

Mailing Address 3444 Masonic Dr

City

Alexandria

State

LA

Zip Code

71301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mid-State Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2014

Transaction ID : 5662503

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Langdon A Hartsock MD**

Mailing Address 188 Tradd Street

City

Charleston

State

SC

Zip Code

29401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2014

Transaction ID : 5662505

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Thomas R Highland MD</b></p> <p>Mailing Address 3601 Southern Hills</p> <p>City State Zip Code Columbia MO 65203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 09 / 2014 <b>Transaction ID : 5662506</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Clark P Searle MD</b></p> <p>Mailing Address N5390 Rancho Viejo Rd</p> <p>City State Zip Code Fond Du Lac WI 54937</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Fond Du Lac Regional Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 09 / 2014 <b>Transaction ID : 5662507</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Evan K Bash MD</b></p> <p>Mailing Address 113 Dauphin Drive</p> <p>City State Zip Code Media PA 19063</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Premier Ortho &amp; Sports Med Assoc Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 09 / 2014 <b>Transaction ID : 5662509</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. Gregory M Hrasky MD

Mailing Address P.O. Box 2767

City

Scottsdale

State

AZ

Zip Code

85252-2767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 14 / 2014

Transaction ID : 5662517

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kevin S Finnesey MD

Mailing Address 9 Brownstone Way  
Apt 109

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 16 / 2014

Transaction ID : 5679770

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Stuart Drew Patterson MD

Mailing Address 80 Jenni Ashley Ct  
Skidmore

City

Winter Haven

State

FL

Zip Code

33884-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central FL Ortho Surgery Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 16 / 2014

Transaction ID : 5679771

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Stephen Paul Falatyn MD**

Mailing Address 362 Little Creek Dr

City State Zip Code  
 Nazareth PA 18064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OAA Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2014

**Transaction ID : 5679773**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David E Attarian MD**

Mailing Address 3 Jupiter Hills Ct

City State Zip Code  
 Durham NC 27712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2014

**Transaction ID : 5679774**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard F McKay MD**

Mailing Address 3203 Ong

City State Zip Code  
 Amarillo TX 79109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2014

**Transaction ID : 5679775**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Robert Urrea MD**

Mailing Address 6211 Edgemere Blvd Ste 1

City State Zip Code  
El Paso TX 79925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679784**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Jeffrey A Mogerman MD**

Mailing Address 206 Stevenson Road

City State Zip Code  
Waverly PA 18471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Wayne Memorial Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679785**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Michael Gayle Klassen MD**

Mailing Address 10 Harris Ct Bldg A Ste A  
P.O. Box 2019

City State Zip Code  
Monterey CA 93942-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MPOSMI

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679786**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jorge O Galante MD**

Mailing Address 7220 East State Hwy 67

City State Zip Code  
 Clinton WI 53525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Midwest Orthopaedic

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679787**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michelle S Caird MD**

Mailing Address 1065 Chestnut

City State Zip Code  
 Ann Arbor MI 48104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 University of Michigan

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679788**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Nicholas Benjamin Bruggeman MD**

Mailing Address 22626 Atwood Ave

City State Zip Code  
 Elkhorn NE 68022-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OrthoWest

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679792**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John D Tomasin MD**

Mailing Address 1310 G Prentice Dr.

City State Zip Code  
 Healdsburg CA 95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Northern California Medical Associates

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679793**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James J Guerra MD**

Mailing Address 3180 Fort Charles Dr

City State Zip Code  
 Naples FL 34102-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Collier Sports Med & Ortho Center

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679794**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey G Mokris MD**

Mailing Address 17812 Wilbanks Dr.

City State Zip Code  
 Charlotte NC 28278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

**Transaction ID : 5679795**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Mark R Colville MD</b></p> <p>Mailing Address 2375 NW Overton St</p> <p>City State Zip Code  Portland OR 97210</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Northwest Surgical Specialists Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 16 / 2014  <b>Transaction ID : 5679796</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Jeffrey F Klassen MD</b></p> <p>Mailing Address 3120 Greysolon Rd</p> <p>City State Zip Code  Duluth MN 55812</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Essentia Health Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 16 / 2014  <b>Transaction ID : 5679798</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Matthew R Bong MD</b></p> <p>Mailing Address N61W30697 Beaver View Rd</p> <p>City State Zip Code  Hartland WI 53029</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 16 / 2014  <b>Transaction ID : 5679801</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. Richard N. Peterson JD</b> Full Name (Last, First, Middle Initial) Mailing Address 6300 N River Rd City Rosemont State IL Zip Code 60018-4206 FEC ID number of contributing federal political committee. C Name of Employer American Academy of Orthopaedic Surg Occupation General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 16 / 2014 <b>Transaction ID : 5679802</b> Amount of Each Receipt this Period 250.00
<b>B. Sascha Darius Taghizadeh MD</b> Full Name (Last, First, Middle Initial) Mailing Address 12706 W 160th Ter City Overland Park State KS Zip Code 66062-7930 FEC ID number of contributing federal political committee. C Name of Employer HCA Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 16 / 2014 <b>Transaction ID : 5679803</b> Amount of Each Receipt this Period 250.00
<b>C. Matti W Palo MD</b> Full Name (Last, First, Middle Initial) Mailing Address 419 N Tallowood Dr City Covington State LA Zip Code 70433-6291 FEC ID number of contributing federal political committee. C Name of Employer Ochsner Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 16 / 2014 <b>Transaction ID : 5679805</b> Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. John Minoru Itamura MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 16 / 2014  <b>Transaction ID : 5679808</b></p>		
<p>Mailing Address 921 Monterey Rd</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City South Pasadena</p>	<p>State CA</p>	<p>Zip Code 91030</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. James A Slough MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 19 / 2014  <b>Transaction ID : 5683522</b></p>		
<p>Mailing Address 236 Rivermist Drive</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Buffalo</p>	<p>State NY</p>	<p>Zip Code 14202</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Excelsior Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. James O Sanders MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 19 / 2014  <b>Transaction ID : 5683526</b></p>		
<p>Mailing Address 4 Oakberry Ln</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Pittsford</p>	<p>State NY</p>	<p>Zip Code 14534</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Univ of Rochester</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2250.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Glen Crawford MD**

Mailing Address 411 Middle St

City

West Newbury

State

MA

Zip Code

01985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sports Medicine Atlantic Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687004**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dennis M Brown MD**

Mailing Address 1774 Kylemore Ct

City

Dayton

State

OH

Zip Code

45459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Health Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687005**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mark E Carlson MD**

Mailing Address 2912 Spring Creek Rd

City

Rockford

State

IL

Zip Code

61107-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687007**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James W Maxey MD**

Mailing Address 13004 N Georgetown Rd

City State Zip Code  
Dunlap IL 61525

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Plains Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2014

**Transaction ID : 5687009**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mark S Humphrey MD**

Mailing Address 18190 Berryhill Drive

City State Zip Code  
Stilwell KS 66085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Overland Park Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2014

**Transaction ID : 5687010**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. John J Larkin Jr, MD**

Mailing Address 2845 Chancellor Dr Ste 100

City State Zip Code  
Crestview Hls KY 41017-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2014

**Transaction ID : 5687011**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Christopher B Bookout MD**

Mailing Address 522 Fairpoint Dr

City

Gulf Breeze

State

FL

Zip Code

32561-4161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Santa Rosa Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687013**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stefano Alec Bini MD**

Mailing Address 148 Wildwood Gardens

City

Piedmont

State

CA

Zip Code

94611-3834

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Redwood City

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687015**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Hal J McCutchan MD**

Mailing Address 14221 92nd St SE

City

Snohomish

State

WA

Zip Code

98290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687017**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Vincent P Genovese MD</b></p> <p>Mailing Address 400 Burkley Dr</p> <p>City State Zip Code  Greenville KY 42345-2106</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Muhlenbeuro Community Hospital Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 17 / 2014  <b>Transaction ID : 5687018</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Stephanie E Siegrist MD</b></p> <p>Mailing Address 980 Westfall Road  Bldg. 100, Suite 105</p> <p>City State Zip Code  Rochester NY 14618</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 17 / 2014  <b>Transaction ID : 5687019</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>c. Charles Richard Clark MD</b></p> <p>Mailing Address 9 Wildberry Ct NE</p> <p>City State Zip Code  Iowa City IA 52240</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Univ of Iowa Hospitals &amp; Clinics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 17 / 2014  <b>Transaction ID : 5687020</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Jonathan L Chang MD</b></p> <p>Mailing Address 1456 Oak Crest Ave</p> <p>City State Zip Code          South Pasadena CA 91030</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Pacific Ortho Medical Group Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          500.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          01 / 17 / 2014  <b>Transaction ID : 5687022</b></p> <p>Amount of Each Receipt this Period          500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Brian A Shaw MD</b></p> <p>Mailing Address 8340 Westwood Rd</p> <p>City State Zip Code          Colorado Springs CO 80919-3243</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Univ of Colorado Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          01 / 17 / 2014  <b>Transaction ID : 5687023</b></p> <p>Amount of Each Receipt this Period          250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Steven B Wertheim MD</b></p> <p>Mailing Address 70 Old Stratton Chase NW</p> <p>City State Zip Code          Atlanta GA 30328-3652</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Resurgens Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          500.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          01 / 17 / 2014  <b>Transaction ID : 5687026</b></p> <p>Amount of Each Receipt this Period          500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1250.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Daniel J Berry MD**

Mailing Address 8953 11th Ave NE

City  
Rochester

State Zip Code  
MN 55906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687027

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. R William Petty MD**

Mailing Address 2320 NW 66th Ct

City  
Gainesville

State Zip Code  
FL 32653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exactech, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Rodney Alan Miller MD**

Mailing Address 1776 W Highland Ave

City  
Wooster

State Zip Code  
OH 44691-9070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wooster Orthopaedic & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687032

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2250.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jason J Davis MD**

Mailing Address 3300 Timberlake Dr.

City State Zip Code  
 Commerce Township MI 48390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687033**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James W Gallentine MD**

Mailing Address 3121 Sheridan Blvd

City State Zip Code  
 Lincoln NE 68502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nebraska Ortho & Sports Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687036**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael C Momont MD**

Mailing Address 535 Marshall Street

City State Zip Code  
 Duluth MN 55803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687037**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James P Jamison MD**

Mailing Address 7092 Kildeer Dr

City State Zip Code  
 Canfield OH 44406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Youngstown Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : 5687038**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Thomas J Dowling Jr, MD**

Mailing Address 763 Larkfield Rd 2nd Fl

City State Zip Code  
 Commack NY 11725-3131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Spine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : 5687039**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Joseph Andrew Mannino MD**

Mailing Address 124 Tamarack Lane

City State Zip Code  
 Trumansburg NY 14886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cayuga Med Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : 5687040**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Charles A Sommer MD**

Mailing Address 6 Wagon Dr

City State Zip Code  
 Wilbraham MA 01095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrington Physician Services

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687047

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Chris John Dangles MD**

Mailing Address 1107 W University Ave

City State Zip Code  
 Champaign IL 61821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687048

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James Vincent Bruno MD**

Mailing Address 37832 Atkins Knoll

City State Zip Code  
 Oconomowoc WI 53066-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fort Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687049

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Scott John Deering MD</b></p> <p>Mailing Address 1605 Gleneagles Dr.</p> <p>City State Zip Code          Bowling Green OH 43402</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Bowling Green Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          01 / 17 / 2014  <b>Transaction ID : 5687050</b></p> <p>Amount of Each Receipt this Period          250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Daniel R Ripa MD</b></p> <p>Mailing Address 4000 S 98th St</p> <p>City State Zip Code          Lincoln NE 68520</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          01 / 17 / 2014  <b>Transaction ID : 5687053</b></p> <p>Amount of Each Receipt this Period          250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Shana N Miskovsky MD</b></p> <p>Mailing Address 18300 Shaker Blvd</p> <p>City State Zip Code          Shaker Heights OH 44120</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Case Medical Center Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          01 / 17 / 2014  <b>Transaction ID : 5687058</b></p> <p>Amount of Each Receipt this Period          250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			750.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Joseph E Trader MD**

Mailing Address 1021 Memorial Dr

City

Manitowoc

State

WI

Zip Code

54220-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687059

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. J Wills Oglesby MD**

Mailing Address 301 21st Ave N

City

Nashville

State

TN

Zip Code

37203-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687060

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David M Dines MD**

Mailing Address 2 Highland Ct

City

Old Westbury

State

NY

Zip Code

11568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

Transaction ID : 5687062

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Maureen A Finnegan MD**

Mailing Address 1801 Inwood Rd Ste WA4.332

City State Zip Code  
 Dallas TX 75390-8883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : 5687096**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gregory G Orson MD**

Mailing Address 2049 Rose Creek Blvd

City State Zip Code  
 Fargo ND 58104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : 5687097**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Gregory A Vrabec MD**

Mailing Address 579 White Tail Ridge Dr

City State Zip Code  
 Fairlawn OH 44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 17 / 2014

**Transaction ID : 5687100**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. **Edward L Morgan MD**

Mailing Address 420 Regency Blvd

City

Shreveport

State

LA

Zip Code

71106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Willis Knighton

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2014

Transaction ID : 5687106

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. **David M Shein MD**

Mailing Address 7 Random Farms Circle

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2014

Transaction ID : 5687108

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. **Richard M Bochner MD**

Mailing Address 152 Tara Dr

City

East Hills

State

NY

Zip Code

11576

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSLIJ Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 17 / 2014

Transaction ID : 5687109

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kent E Woo MD**

Mailing Address 309 Mcalpin Dr

City State Zip Code  
Savannah GA 31406-8923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optim Orthopedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687110**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Richard G Vlasak MD**

Mailing Address 6110 NW 29th Pl

City State Zip Code  
Gainesville FL 32606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Florida

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687113**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joel Anthony Wallskog MD**

Mailing Address 12907 N Highgate Ct

City State Zip Code  
Mequon WI 53097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Advanced Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 17 / 2014

**Transaction ID : 5687115**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. David Vittetoe MD

Mailing Address 24761 Timber Hills Ln

City State Zip Code  
 Adel IA 50003-8421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 17 2014

Transaction ID : 5687121

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory J Austin MD

Mailing Address 26 Narragansett Bay Ave

City State Zip Code  
 Warwick RI 02889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Assoc Inc

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 17 2014

Transaction ID : 5687122

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. George B Verghese MD, FRCS

Mailing Address 1385 E 3130 N Rd

City State Zip Code  
 Chebanse IL 60922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 17 2014

Transaction ID : 5687123

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. Michael A House MD

Mailing Address 686 Knob Hill Ct

City State Zip Code  
 Argyle TX 76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Texas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690522

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard K Muir MD

Mailing Address 3905 Waring Rd

City State Zip Code  
 Oceanside CA 92056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Specialists of North County

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690523

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven R Garfin MD

Mailing Address 3386 Bayside Walk

City State Zip Code  
 San Diego CA 92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCSD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690524

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Charles T Price MD**

Mailing Address 1009 Greentree Dr

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Regional Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690525

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Daniel W Woods MD**

Mailing Address 862 Meinecke Ave Ste 100

City

San Luis Obispo

State

CA

Zip Code

93405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven J Triantafyllou MD**

Mailing Address 1706 Country Manor Drive

City

York

State

PA

Zip Code

17408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OOS Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690528

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. Peter J Mandell MD

Mailing Address 1663 Rollins Rd

City State Zip Code  
 Burlingame CA 94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690530

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. David R Morawski MD

Mailing Address 2525 Kaneville Rd

City State Zip Code  
 Geneva IL 60134-2578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Fox Valley Orthopaedic Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690532

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Gunnar Quisling MD

Mailing Address 3275 Bransley Way

City State Zip Code  
 Duluth GA 30097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Resurgens Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690536

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

6000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Elliot L Gross MD**

Mailing Address 3831 Hughes Ave Ste 509

City State Zip Code  
 Culver City CA 90232-6861

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John R Tongue MD**Mailing Address 6485 SW Borland Rd  
Ste A

City State Zip Code  
 Tualatin OR 97062-9762

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690538

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. George W Westin MD**

Mailing Address 2488 N California St

City State Zip Code  
 Stockton CA 95204

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Alpine Orthopedic Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : 5690539

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Robert V Dawe MD**

Mailing Address 75 Kings Hwy Cutoff Ste 100

City State Zip Code  
 Fairfield CT 06430-6537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Specialty Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. David Turner Jones MD**

Mailing Address Bone and Joint Surgery Clinic  
 3410 Executive Dr Ste 103

City State Zip Code  
 Raleigh NC 27609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690545

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Edward S Homan Jr, MD**

Mailing Address 329 St Augustine Ave

City State Zip Code  
 Tampa FL 33617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690633

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David J Caucci MD**

Mailing Address 201 Stoney Creek Rd

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne Memorial Healthcare System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690634

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David F Sitler MD**

Mailing Address 12701 Sagecrest Dr

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sharp Rees-Stealy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven J Bruce MD**

Mailing Address 1533 Lakeway Pl

City

Bellingham

State

WA

Zip Code

98229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peace Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690841

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James A Moore MD**

Mailing Address 425 E 63rd St W2d

City State Zip Code  
New York NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

City Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John J McGraw MD**

Mailing Address 1541 Mill Springs Rd

City State Zip Code  
New Market TN 37820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Knoxville Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690846

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. George E. Crickard III, MD**

Mailing Address 2220 York St

City State Zip Code  
Quincy IL 62301-4358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quincy Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690849

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ira Joel Singer MD**

Mailing Address 22 Intervale Rd

City

Providence

State

RI

Zip Code

02906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690860

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kristoffer Meyers Breien MD**

Mailing Address 2091 Vining Dr Unit A

City

Saint Paul

State

MN

Zip Code

55125-7582

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summit Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690861

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Karl E Rathjen MD**

Mailing Address Dept of Orthopaedics

2222 Welborn St

City

Dallas

State

TX

Zip Code

75219-3993

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Scottish Rite Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690862

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Roger Charles Duntelman MD</b></p> <p>Mailing Address 8530 N Audubon Dr</p> <p>City State Zip Code  Hayden ID 83835</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014</p> <p><b>Transaction ID : 5690864</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Christian T Andersen MD</b></p> <p>Mailing Address 7 Stafford Ln</p> <p>City State Zip Code  Andover MA 01810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Agility Orthopedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 22 / 2014</p> <p><b>Transaction ID : 5690869</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>c. Brett B Greenky MD</b></p> <p>Mailing Address 4115 N Medical Center Dr</p> <p>City State Zip Code  Fayetteville NY 13066-6636</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Syracuse Orthopedic Specialists Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 22 / 2014</p> <p><b>Transaction ID : 5690870</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Richard A Biama MD</b></p> <p>Mailing Address 1566 Edgehill Ln</p> <p>City State Zip Code Redlands CA 92373</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Arrowhead Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 5690932</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. William G Hamilton MD</b></p> <p>Mailing Address 8299 Glen Cove Ct</p> <p>City State Zip Code Alexandria VA 22308</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Anderson Orthopaedic Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 5690934</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Louis J Mariorenzi MD</b></p> <p>Mailing Address 84 Bay View Drive</p> <p>City State Zip Code Jamestown RI 02835</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 5690935</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2250.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Ronald E DiSimone MD</b></p> <p>Mailing Address 266 Spook Hollow Rd</p> <p>City State Zip Code Cogan Station PA 17728-9756</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Susquehanna Health Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 5690936</b></p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Jay M Lipke MD</b></p> <p>Mailing Address 10301 Kanis Rd</p> <p>City State Zip Code Little Rock AR 72205-6205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation OrthoArkansas Physicians Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 5690937</b></p> <p>Amount of Each Receipt this Period 400.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Patricia McHale MD</b></p> <p>Mailing Address 15819 Glenmiro Dr</p> <p>City State Zip Code Huntersville NC 28078</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Ortho Carolina Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 22 / 2014 <b>Transaction ID : 5690938</b></p> <p>Amount of Each Receipt this Period 1000.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		1650.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James John Verner MD**

Mailing Address 23075 Nottingham

City State Zip Code  
 Beverly Hills MI 48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Herbert J Louis MD**

Mailing Address 5110 N 40th St Ste 236

City State Zip Code  
 Phoenix AZ 85018-2151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690940

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John O Krause MD**

Mailing Address 14 Roclare Ln

City State Zip Code  
 St Louis MO 63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Ortho Ctr of St Louis

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690942

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Douglas W Kiburz MD**

Mailing Address 5075 Hwy Y

City State Zip Code  
Sedalia MO 65301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 5690943

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Glenn B Rankin MD**

Mailing Address 651 N Granados Ave

City State Zip Code  
Solana Beach CA 92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Southern California Permanente Medical

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690946

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Anthony Andres Sanchez MD**

Mailing Address 358 Twin Oaks Drive

City State Zip Code  
Spartanburg SC 29306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690949

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Frank V Aluisio MD</b></p> <p>Mailing Address 6 Nolen Ct</p> <p>City Greensboro State NC Zip Code 27408-3184</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Greensboro Orthopaedic Center Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            01 / 21 / 2014  <b>Transaction ID : 5690950</b> </p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. James K Baker MD</b></p> <p>Mailing Address 727 Belvin St</p> <p>City San Marcos State TX Zip Code 78666</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            01 / 21 / 2014  <b>Transaction ID : 5690951</b> </p> <p>Amount of Each Receipt this Period 300.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Cornelis M Elmes MD</b></p> <p>Mailing Address 647 Jade Way</p> <p>City Fairfield State CA Zip Code 94534</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            01 / 21 / 2014  <b>Transaction ID : 5690953</b> </p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1550.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Wudbhav N Sankar MD</b></p> <p>Mailing Address 534 Montgomery School Ln</p> <p>City Wynnewood State PA Zip Code 19096-1119</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Childrens Hospital of Philadelphia Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5690956</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Vincent J Russo MD</b></p> <p>Mailing Address 10290 N 92nd St Ste 103</p> <p>City Scottsdale State AZ Zip Code 85258-4508</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5690957</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Thomas M McQuail MD</b></p> <p>Mailing Address 4125 Oberon Dr</p> <p>City Smyrna State GA Zip Code 30080</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Resurgens Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5690958</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1500.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Robert N Walker MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5690961</b></p>		
<p>Mailing Address 1873 E Parkhurst Ct</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Eagle</p>	<p>State ID</p>	<p>Zip Code 83616-6803</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer St. Lukes Health System</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. William J Best</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5690962</b></p>		
<p>Mailing Address P.O. Box 3375</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Jackson</p>	<p>State WY</p>	<p>Zip Code 83001-3375</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Retired</p>		<p>Occupation Lay Board Member</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. David B Robie MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5690966</b></p>		
<p>Mailing Address 6585 Plesenton Dr S</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Worthington</p>	<p>State OH</p>	<p>Zip Code 43085-2944</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orthopaedic One</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Gerald F Dreher MD**

Mailing Address 2006 Elk Trail

City

Harker Heights

State

TX

Zip Code

76548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veterans Affairs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690976

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Willie J Banks Jr, MD**

Mailing Address 2705 S 19th St

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dept of Veterans Affairs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William L Hennrikus Jr, MD**

Mailing Address 75 Laurel Ridge Rd

City

Hershey

State

PA

Zip Code

17033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Penn State Hershey Medical Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : 5690978

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Michael David Miller MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5691214</b></p>		
<p>Mailing Address 6501 N Camino Katrina</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Tucson</p>	<p>State AZ</p>	<p>Zip Code 85718</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer University Orthopedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. S Dale Yakish MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5691217</b></p>		
<p>Mailing Address 1030 Beaner Hollow Rd</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Beaver</p>	<p>State PA</p>	<p>Zip Code 15009</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Association of Specialty Physicians</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. James H Van Olst MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5691218</b></p>		
<p>Mailing Address 136 SW Washington Ave #605</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Corvallis</p>	<p>State OR</p>	<p>Zip Code 97333</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Retired</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Robert M O'Hollaren MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5691219</b></p>		
<p>Mailing Address 3525 Loma Vista Rd</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Ventura</p>	<p>State CA</p>	<p>Zip Code 93003-3101</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Ventura Ortho &amp; Sports Medical</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Stephan Vahe Yacoubian MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5691276</b></p>		
<p>Mailing Address 1248 Swarthmore Dr</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Glendale</p>	<p>State CA</p>	<p>Zip Code 91206</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Ferris Ray Nickel MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 21 / 2014  <b>Transaction ID : 5691280</b></p>		
<p>Mailing Address 1191 Brunswick Ln</p>			<p>Amount of Each Receipt this Period  300.00</p>		
<p>City Ventura</p>	<p>State CA</p>	<p>Zip Code 93001</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Ventura Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  300.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>800.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Howard L Berg MD**

Mailing Address 7900 Bennington Dr

City State Zip Code  
Amarillo TX 79119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

**Transaction ID : 5691362**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Craig G Smucker MD**

Mailing Address 1101 Oakland Ct

City State Zip Code  
Newark DE 19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5696856**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John F Parker MD**

Mailing Address 6248 Turnwood

City State Zip Code  
Jamesville NY 13078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Syracuse Orthopedic Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5696860**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Bing S Tsay MD**

Mailing Address 1108 La Paloma Ct

City State Zip Code  
 Southlake TX 76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

All-Star Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 5696861**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Wagdy S Rizk MD**

Mailing Address 3542 Smith Rd

City State Zip Code  
 Beaumont TX 77713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 5696862**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Russell A Hudgens MD**

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code  
 Mobile AL 36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alabama Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 5696863**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Thomas R Lyons MD</b></p> <p>Mailing Address 1429 Seventh St</p> <p>City State Zip Code New Orleans LA 70115</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Orthopedic Center for Sports Medicine Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5696876</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Paul D Burton DO</b></p> <p>Mailing Address 250 Campbell Ave</p> <p>City State Zip Code Redlands CA 92374</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Arrowhead Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5696880</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Andrew L Terrono Jr, MD</b></p> <p>Mailing Address 192 Hinckley Rd</p> <p>City State Zip Code Milton MA 02186</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Hand Surgical Associates Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5696891</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. Mark W Zawadsky MD</b> Full Name (Last, First, Middle Initial) Mailing Address 3460 Ordway Street NW City Washington State DC Zip Code 20016 FEC ID number of contributing federal political committee. C Name of Employer Georgetown University Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5696892</b> Amount of Each Receipt this Period 250.00
<b>B. Ryan Edward Will MD</b> Full Name (Last, First, Middle Initial) Mailing Address 2007 60th Ave NW City Gig Harbor State WA Zip Code 98335 FEC ID number of contributing federal political committee. C Name of Employer Multicare Health System Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5696894</b> Amount of Each Receipt this Period 250.00
<b>C. John Brannan Smoot MD</b> Full Name (Last, First, Middle Initial) Mailing Address 4700 Seton Center Pkwy Ste 200 City Austin State TX Zip Code 78759 FEC ID number of contributing federal political committee. C Name of Employer Texas Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5696906</b> Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Paul R Gregory MD**

Mailing Address 4627 King Ranch Place

City State Zip Code  
 Granite Bay CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5696907

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mark Ruoff MD**

Mailing Address 15 Sierra Ct

City State Zip Code  
 Hillsdale NJ 07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Orthopaedic Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5696908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Anthony J DiStasio II, MD**

Mailing Address 2944 Bruce Station

City State Zip Code  
 Chesapeake VA 23321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sentara Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5696909

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Anthony V Petrosini MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 23 / 2014</div> </div> </p>		
<p>Mailing Address 310 Passaic Ave</p>			<p><b>Transaction ID : 5696910</b></p>		
<p>City State Zip Code  Spring Lake NJ 07762-1341</p>			<p>Amount of Each Receipt this Period  <div> <div>2000.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>					
<p>Name of Employer  Self Employed</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>2000.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. David A Carrier MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 23 / 2014</div> </div> </p>		
<p>Mailing Address 20 Hagen Dr Ste 110</p>			<p><b>Transaction ID : 5696913</b></p>		
<p>City State Zip Code  Rochester NY 14626</p>			<p>Amount of Each Receipt this Period  <div> <div>250.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>					
<p>Name of Employer  Self Employed</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>250.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. John W Gainor MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 23 / 2014</div> </div> </p>		
<p>Mailing Address 4350 Via St</p>			<p><b>Transaction ID : 5696915</b></p>		
<p>City State Zip Code  Goleta CA 93110</p>			<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>					
<p>Name of Employer  Sansum Clinic</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>500.00</div> </div> </p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div> <div>2750.00</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div> <div></div> </div>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Wayne Anthony Johnson MD</b></p> <p>Mailing Address 8212 NW Stonebridge Ct</p> <p>City State Zip Code Lawton OK 73505</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Premier Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014</p> <p><b>Transaction ID : 5696916</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Hans C Kioschos MD</b></p> <p>Mailing Address 622 Par Dr</p> <p>City State Zip Code Gillette WY 82718</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation CCMH Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014</p> <p><b>Transaction ID : 5696917</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Glenn J Jonas MD</b></p> <p>Mailing Address 3155 Arden Rd</p> <p>City State Zip Code Atlanta GA 30305</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Resurgens Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2014</p> <p><b>Transaction ID : 5696920</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Kent Steven Marangi MD</b></p> <p>Mailing Address 3813 Vista Blanca</p> <p>City State Zip Code  San Clemente CA 92672</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014  <b>Transaction ID : 5696923</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Matthew E Mitchell MD</b></p> <p>Mailing Address 4140 Centennial Hills Blvd Ste A</p> <p>City State Zip Code  Casper WY 82609-3265</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Casper Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014  <b>Transaction ID : 5696925</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>c. James D Kelly II, MD</b></p> <p>Mailing Address 4 Miley St</p> <p>City State Zip Code  San Francisco CA 94123</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014  <b>Transaction ID : 5696926</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jefferey E Michaelson MD**

Mailing Address 25871 Pembroke

City

Huntington Woods

State

MI

Zip Code

48070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Core Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5696927

Amount of Each Receipt this Period

380.00

Full Name (Last, First, Middle Initial)

**B. Mark C Pinto MD**

Mailing Address 1382 Waterways Dr

City

Ann Arbor

State

MI

Zip Code

48108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5729019

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Joseph M Erpelding MD**

Mailing Address 4770 Rockledge Rd

City

Billings

State

MT

Zip Code

59106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veteran's Affairs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5729020

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1630.00

**TOTAL** This Period (last page this line number only)..... ►

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Neil B Callister MD**

Mailing Address 1802 Quail Run Dr

City

Ogden

State

UT

Zip Code

84403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intermountain Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	4

**Transaction ID : 5729027**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kourosh Korsh Jafarnia MD**

Mailing Address 617 Little John

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	4

**Transaction ID : 5729028**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David M Lintner MD**

Mailing Address 4115 Merrick Street

City

Houston

State

TX

Zip Code

77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	1	4

**Transaction ID : 5729031**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Joshua Jon Rother MD**

Mailing Address 4893 Lakeway Dr

City

Duluth

State

MN

Zip Code

55811-9614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Association of Duluth

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2014

Transaction ID : 5729032

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Peter J Millett MD, MSc**Mailing Address 181 W Meadow Dr  
Suite 400

City

Vail

State

CO

Zip Code

81657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steadman Hawkins Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2014

Transaction ID : 5729033

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Miguel Pablo Prietto MD**

Mailing Address 1462 Foothill Blvd

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Specialty Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2014

Transaction ID : 5729370

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael Q Freehill MD**

Mailing Address 8100 W 78th St Ste 225

City State Zip Code  
 Edina MN 55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allina Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5729372**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David J Yasgur MD**

Mailing Address 11 Katonah Crossing Court

City State Zip Code  
 Katonah NY 10536-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Kisco Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5729373**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David Harrison Gilbert MD**

Mailing Address 5301 N Dixie Hwy Ste 203

City State Zip Code  
 Fort Lauderdale FL 33334-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broward Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5729376**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1250.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Felix H Savoie III, MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014  <b>Transaction ID : 5729415</b></p>		
<p>Mailing Address 80 Audubon Blvd</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City New Orleans</p>	<p>State LA</p>	<p>Zip Code 70118</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Tulane University</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Evander F Fogle MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014  <b>Transaction ID : 5729416</b></p>		
<p>Mailing Address 4162 N Stratford Rd NE</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Atlanta</p>	<p>State GA</p>	<p>Zip Code 30342-3941</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Resurgens Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Mark W Diehl MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014  <b>Transaction ID : 5729417</b></p>		
<p>Mailing Address 1110 Hazeltine Ln</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Kennesaw</p>	<p>State GA</p>	<p>Zip Code 30152</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Pinnacle Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. Jeffrey V Dermksian MD</b> Full Name (Last, First, Middle Initial) Mailing Address 1790 Broadway 10th Floor City New York State NY Zip Code 10019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Riverside Orthopaedics & Sports Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5729419</b> Amount of Each Receipt this Period 500.00
<b>B. Stephen L Curtin MD</b> Full Name (Last, First, Middle Initial) Mailing Address 5810 N Moccasin Trl City Tucson State AZ Zip Code 85750 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Tucson Ortho Institute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5729421</b> Amount of Each Receipt this Period 1000.00
<b>C. Robert Thomas Fisher MD</b> Full Name (Last, First, Middle Initial) Mailing Address 52 Thomas Johnson Dr City Frederick State MD Zip Code 21702 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Frederick Memorial Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 01 / 23 / 2014 <b>Transaction ID : 5730019</b> Amount of Each Receipt this Period 500.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		2000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Samuel L Miller MD**

Mailing Address 8955 Vaughn Rd

City State Zip Code  
 Montgomery AL 36117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 5730020**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard Leverage Nutt MD**

Mailing Address 501 Hunters Run

City State Zip Code  
 Demorest GA 30535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 5730022**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James Samuel Shafer MD**

Mailing Address 20451 Rancho La Floresta Rd

City State Zip Code  
 Covina CA 91724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 5730023**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kenneth A Davenport MD**

Mailing Address 1901 Clark St

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Center for Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730204**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rudolf Hoellrich MD**

Mailing Address 84553 Pheasant Ln

City

Pleasant Hill

State

OR

Zip Code

97455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Slocum Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730219**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. David Victor Mungo MD**

Mailing Address 11218 Clapsaddle Ave NE

City

Alliance

State

OH

Zip Code

44601-9765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alliance Community Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730220**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Alan Pechacek MD**

Mailing Address 8 Stonehenge

City

Jackson

State

TN

Zip Code

38305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5730222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel W Guehlstorf MD**

Mailing Address 9083 Kensington Way

City

Franklin

State

WI

Zip Code

53132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5730223

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Larry Benz Marti MD**

Mailing Address 12110 State Rt CC

City

Rolla

State

MO

Zip Code

65401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Johns Mercy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5730224

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Richard W Smith MD</b></p> <p>Mailing Address 14 Field Stone Lane</p> <p>City State Zip Code  Tiverton RI 02878</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Coastal Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014</p> <p><b>Transaction ID : 5730228</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Todd J Albert MD</b></p> <p>Mailing Address 925 Chestnut St 5th Fl</p> <p>City State Zip Code  Philadelphia PA 19107-4216</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Rothman Institute Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014</p> <p><b>Transaction ID : 5730236</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Joseph W Clark MD</b></p> <p>Mailing Address 5710 Macon Drive</p> <p>City State Zip Code  Huntsville AL 35802</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  TOC Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 23 / 2014</p> <p><b>Transaction ID : 5730237</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>3000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Patrick J Halpin MD**

Mailing Address 3125 Anchor Ln NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing federal political committee.

C

Name of Employer

Olympia Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	23	/	2014

**Transaction ID : 5730238**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey R Kuhlman MD**

Mailing Address 179 Arnold Palmer Dr

City	State	Zip Code
Advance	NC	27006

FEC ID number of contributing federal political committee.

C

Name of Employer

Piedmont Healthcare, PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	23	/	2014

**Transaction ID : 5730239**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David A Halsey MD**

Mailing Address 192 Tilley Drive

City	State	Zip Code
South Burlington	VT	05403-4440

FEC ID number of contributing federal political committee.

C

Name of Employer

Fletcher Allen Health Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	23	/	2014

**Transaction ID : 5730240**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. R Scott Oliver MD**

Mailing Address Plymouth Bay Orthopedic Associates  
 95 Tremont Ste One

City State Zip Code  
 Duxbury MA 02332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5730241

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Hugh A Frederick MD**

Mailing Address 9301 N Central Expy Ste 350

City State Zip Code  
 Dallas TX 75231-0808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5730243

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Peter J Stern MD**

Mailing Address 10700 Montgomery Ste 150

City State Zip Code  
 Cincinnati OH 45242-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Univ of Cincinnati College of Med

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : 5730245

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Monroe I Levine MD**

Mailing Address 3019 West 111th Drive

City State Zip Code  
Westminster CO 80031-6832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Spinal Disorders

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 23 / 2014

**Transaction ID : 5730253**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jan H Garrett MD**

Mailing Address 8440 Southland Dr

City State Zip Code  
Tyler TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Azalea Orthopedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 23 / 2014

**Transaction ID : 5730254**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Christopher O'Grady MD**

Mailing Address 350 James River Road

City State Zip Code  
Gulf Breeze FL 32561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 23 / 2014

**Transaction ID : 5730258**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Peter C Amadio MD**

Mailing Address 200 1st St S W

City  
Rochester

State  
MN

Zip Code  
55902-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730278**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lisa DeGnore MD**

Mailing Address 4641 Collinswood Dr

City  
Lexington

State  
KY

Zip Code  
40515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Kentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730279**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Andrew Peter Kant MD**

Mailing Address 2240 Looscan Ln

City  
Houston

State  
TX

Zip Code  
77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730280**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. George A Pugh MD**

Mailing Address 1124 Longridge Rd

City State Zip Code  
 Oakland CA 94610-1812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 East Bay Orthopaedic Specialists

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 23 2014

Transaction ID : 5730281

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Howard J Gelb MD**

Mailing Address 6214 NW 120th Dr

City State Zip Code  
 Coral Springs FL 33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 23 2014

Transaction ID : 5730282

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. John A Gracy MD**

Mailing Address 92 Dallan Lane

City State Zip Code  
 Ringgold GA 30736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self Employed

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 23 2014

Transaction ID : 5730285

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Charles Cannon Edwards II, MD**

Mailing Address 308 N Wind Rd

City State Zip Code  
 Towson MD 21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Maryland Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730287**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Theodore Thomas Manson MD**

Mailing Address 1401 Muirfield Close

City State Zip Code  
 Bel Air MD 21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of MD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730289**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Antoine I Jabbour MD**

Mailing Address 5304 E 79th St

City State Zip Code  
 Tulsa OK 74136-8464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tulsa Bone & Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730290**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Serena Young-Nguyen MD**

Mailing Address 1760 Termino Ave #208

City State Zip Code  
 Long Beach CA 90804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Beach Advanced Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730305**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Perry L Schoenecker MD**

Mailing Address 428 N. Dickson

City State Zip Code  
 Kirkwood MO 63122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Univ School of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730307**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Raymond M P Sherman MD**

Mailing Address 865 East Sawgrass Trail

City State Zip Code  
 Dakota Dunes SD 57049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

**Transaction ID : 5730308**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Nicholas G Weiss MD**

Mailing Address 14916 122nd St N

City  
Stillwater

State  
MN

Zip Code  
55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730718**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Irvine MD**

Mailing Address 13012 Sunny Dawn Ct

City

Saint Louis

State

MO

Zip Code

63127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730721**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Andrew H Glassman MD**

Mailing Address 126 North Drexel Avenue

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730722**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Wade P McAlister MD**

Mailing Address 4899 Montrose Blvd #1206

City

Houston

State

TX

Zip Code

77006-6168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730745**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael W Gish MD**

Mailing Address 2630 Old Orchard Rd

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730746**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Stuart L Weinstein MD**

Mailing Address 200 Hawkins Dr Ste 01026JPP

City

Iowa City

State

IA

Zip Code

52242-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730751**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Robert V Knowlan MD**

Mailing Address 2266 Morgan Ave N

City

West Lakeland

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 5730752

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Franklin H Sim MD**

Mailing Address 1303 Woodland Dr SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 5730753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Vincent Battista MD**

Mailing Address 1336 Sylvan Road

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 5730754

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Peter W Gilmer MD**

Mailing Address 3211 Moore's Mill Rd

City

Rougemont

State

NC

Zip Code

27572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Triangle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730755**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Lesley J Anderson MD**

Mailing Address 133 San Marino Dr

City

San Rafael

State

CA

Zip Code

94901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730756**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. James W Scott MD**

Mailing Address P.O. Box 7630

City

Tifton

State

GA

Zip Code

31793-7630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgia Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730757**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. John English Feighan MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5730758</b></p>	
<p>Mailing Address 2260 Harcourt Dr</p>			<p>Amount of Each Receipt this Period  250.00</p>	
<p>City Cleveland Heights</p>	<p>State OH</p>	<p>Zip Code 44106</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer University Hospital Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. John C Clohisy MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5730986</b></p>	
<p>Mailing Address 37 Godwin Ln</p>			<p>Amount of Each Receipt this Period  1000.00</p>	
<p>City Saint Louis</p>	<p>State MO</p>	<p>Zip Code 63124</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer Washington University</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Christian T Royer MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5730989</b></p>	
<p>Mailing Address 5159 Stillwater Trail</p>			<p>Amount of Each Receipt this Period  250.00</p>	
<p>City Frisco</p>	<p>State TX</p>	<p>Zip Code 75034</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer Health Texas Provider Network</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Robert Gordon Veith MD**

Mailing Address 650 Bellevue Way NE Unit# 2404

City State Zip Code  
 Bellevue WA 98004-5053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5730990**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Winfield Campbell Jr, MD**

Mailing Address 3735 Purdue St

City State Zip Code  
 Houston TX 77005-1127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731077**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard P Driessnack MD**

Mailing Address 6537 N. Kramm Rd.

City State Zip Code  
 Brimfield IL 61517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Great Plains Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731078**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. **Kenneth M Morrison MD**

Mailing Address 3394 E Jolly Rd Ste A

City State Zip Code  
 Lansing MI 48910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Lansing Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014

Transaction ID : 5731079

Amount of Each Receipt this Period

535.00

Full Name (Last, First, Middle Initial)

B. **Preston A Waldrop MD**

Mailing Address Virginia Orthopedics  
 101 Knotbreak Rd

City State Zip Code  
 Salem VA 24153-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014

Transaction ID : 5731080

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **Richard A Cautilli Jr, MD**

Mailing Address 510 Pin Oak Dr

City State Zip Code  
 Langhorne PA 19047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014

Transaction ID : 5731081

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1285.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David R Schmidt MD**

Mailing Address 21 Spurs Ln Ste 300

City

San Antonio

State

TX

Zip Code

78240-1545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sports Med Assoc of San Antonio

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731084**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Henry G Chambers MD**

Mailing Address 3030 Children's Way  
Ste 410

City

San Diego

State

CA

Zip Code

92123-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731085**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael D Smith MD**

Mailing Address 4010 West 65th Street

City

Edina

State

MN

Zip Code

55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731087**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Joseph B Chalal MD**

Mailing Address 1005 Brooks Lane

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731088**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael Champine MD**

Mailing Address 2928 Stanford Ave.

City

Dallas

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731090**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Paul T Rud MD**

Mailing Address 15684 Birchwood Ln

City

Brainerd

State

MN

Zip Code

56401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

**Transaction ID : 5731091**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Thomas J Mathews MD</b></p> <p>Mailing Address 2200 Forest Ridge Pkwy Ste 240</p> <p>City New Castle State IN Zip Code 47362</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Henry County Hospital Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014</p> <p><b>Transaction ID : 5731092</b></p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Allen F Anderson MD</b></p> <p>Mailing Address St Thomas Medical Bldg 4230 Harding Rd Ste 1000</p> <p>City Nashville State TN Zip Code 37205-2098</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer TOA Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014</p> <p><b>Transaction ID : 5731094</b></p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Milton J Smit MD</b></p> <p>Mailing Address 1051 Medoc St</p> <p>City Bourbonnais State IL Zip Code 60914</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014</p> <p><b>Transaction ID : 5731096</b></p> <p>Amount of Each Receipt this Period 380.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		880.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. John Marshal Froelich MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5731097</b></p>		
<p>Mailing Address 831 Uinta Way</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Denver</p>	<p>State CO</p>	<p>Zip Code 80230</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer University of Colorado</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Michael L Gordon MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5731102</b></p>		
<p>Mailing Address 201 Kings Pl</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Newport Beach</p>	<p>State CA</p>	<p>Zip Code 92663-3307</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Newport Orthopaedic Institute</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. John S Place MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5731103</b></p>		
<p>Mailing Address 5710 Marilane</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Yakima</p>	<p>State WA</p>	<p>Zip Code 98908</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>2250.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. John A Icton MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5731104</b></p>		
<p>Mailing Address 4840 Littlewood</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Beaumont</p>	<p>State TX</p>	<p>Zip Code 77706</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Peter C Tsai MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5731160</b></p>		
<p>Mailing Address 1200 NW Overlook Drive</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Corvallis</p>	<p>State OR</p>	<p>Zip Code 97330</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. William A Crotwell MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 27 / 2014  <b>Transaction ID : 5731162</b></p>		
<p>Mailing Address 4217 River Oaks Lane</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Mobile</p>	<p>State AL</p>	<p>Zip Code 36619</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Alabama Orthopaedic Clinic</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Alan Joseph Sarokhan MD**

Mailing Address 73 Old Coach Rd

City State Zip Code  
Basking Ridge NJ 07920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Surgical Associate

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 5731163**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stephen John Zabinski MD**

Mailing Address 710 Center St

City State Zip Code  
Somers Point NJ 08244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Shore Orthopaedic Univ Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 5731166**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. William G DeLong Jr, MD**

Mailing Address 344 Kings Hwy East

City State Zip Code  
Haddonfield NJ 08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Lukes Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 5731167**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1250.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John Bernard Ryan MD**

Mailing Address 11012 E 13 Mile Rd Ste 201

City State Zip Code  
Warren MI 48093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 5731169**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Wayne Anthony Colizza MD**

Mailing Address 3 Hillside Ct East

City State Zip Code  
Morris Plains NJ 07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 5731170**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Fredrick Huang MD**

Mailing Address 4448 138th Ave SE

City State Zip Code  
Bellevue WA 98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Proliance Surgeons

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 5731171**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Robert S Gorab MD</b></p> <p>Mailing Address 1985 Port Claridge Pl</p> <p>City State Zip Code Newport Beach CA 92660</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014</p> <p><b>Transaction ID : 5731172</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Bradley J Nelson MD</b></p> <p>Mailing Address 6820 Valley View Rd</p> <p>City State Zip Code Edina MN 55439</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation University of Minnesota Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014</p> <p><b>Transaction ID : 5731173</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Robert P Limoni MD</b></p> <p>Mailing Address 3072 Bay Settlement Ct</p> <p>City State Zip Code Green Bay WI 54311</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Bay Care Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 27 / 2014</p> <p><b>Transaction ID : 5731174</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Christopher R Goll MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 30 / 2014  <b>Transaction ID : 5744551</b></p>		
<p>Mailing Address 7758 Chipwood Ln</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Jacksonville</p>	<p>State FL</p>	<p>Zip Code 32256</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Eric Duniway Hoffman MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 29 / 2014  <b>Transaction ID : 5744553</b></p>		
<p>Mailing Address 21 Veronica Ln</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Falmouth</p>	<p>State ME</p>	<p>Zip Code 04105</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orthopaedic Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Patricia M Kallemeier MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 29 / 2014  <b>Transaction ID : 5744555</b></p>		
<p>Mailing Address 15005 Maple Dr</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Des Moines</p>	<p>State IA</p>	<p>Zip Code 50323-2425</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Des Moines Orthopaedic Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Laura Lowe Tosi MD**

Mailing Address 3729 Harrison St NW

City  
Washington

State Zip Code  
DC 20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CNMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5744556**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Frank A Luzi Jr, MD**

Mailing Address 9660 Rocky Pt

City  
Clarence

State Zip Code  
NY 14031-1588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northtowns Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5744558**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kevin John Bozic MD, MBA**

Mailing Address 22 Pigeon Hollow Rd

City  
San Rafael

State Zip Code  
CA 94901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of California San Francisco

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5744559**

Amount of Each Receipt this Period

1000.00

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**TOTAL** This Period (last page this line number only)..... ►

2500.00



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael M Lynch MD**

Mailing Address 207 Sturbridge Ln

City

Southport

State

CT

Zip Code

06890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : 5744562**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brian J Woebkenberg MD**

Mailing Address 1053 Chad Avenue

City

Jasper

State

IN

Zip Code

47546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 5744564**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Brian A Murphy MD**

Mailing Address 3803 Highknob Circle

City

Naperville

State

IL

Zip Code

60564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DuPage Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 5744569**

Amount of Each Receipt this Period

1000.00

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**TOTAL** This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. John B Weltmer Jr, MD</b> Full Name (Last, First, Middle Initial) Mailing Address 13410 Mason Grove Lane City State Zip Code Town and Country MO 63131 FEC ID number of contributing federal political committee. C Name of Employer Occupation BJC Medical Group Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 30 / 2014 <b>Transaction ID : 5744570</b> Amount of Each Receipt this Period 500.00	
<b>B. Brian D Hoffman MD</b> Full Name (Last, First, Middle Initial) Mailing Address 78 Coles Meadow Rd City State Zip Code Northampton MA 01060 FEC ID number of contributing federal political committee. C Name of Employer Occupation Baystate Health Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 29 / 2014 <b>Transaction ID : 5744571</b> Amount of Each Receipt this Period 1000.00	
<b>C. Timothy A Garvey MD</b> Full Name (Last, First, Middle Initial) Mailing Address Twin Cities Spine Center 913 E 26th St Ste 600 City State Zip Code Minneapolis MN 55404 FEC ID number of contributing federal political committee. C Name of Employer Occupation Twin Cities Spine Center Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 29 / 2014 <b>Transaction ID : 5744572</b> Amount of Each Receipt this Period 1000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			2500.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Bruce T Henderson MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 29 / 2014  <b>Transaction ID : 5744573</b></p>		
<p>Mailing Address 44555 Woodward Ste 407</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Pontiac</p>	<p>State MI</p>	<p>Zip Code 48341-2965</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Brian R Wolf MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 29 / 2014  <b>Transaction ID : 5744574</b></p>		
<p>Mailing Address 66 Crabapple Ct</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Iowa City</p>	<p>State IA</p>	<p>Zip Code 52246</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer University of Iowa</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Ralph M Costanzo MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 29 / 2014  <b>Transaction ID : 5744575</b></p>		
<p>Mailing Address 2751 Gregory Drive N</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Billings</p>	<p>State MT</p>	<p>Zip Code 59102</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Ortho Montana</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James T Mazzara MD**

Mailing Address 3 Clermont Park

City State Zip Code  
Farmington CT 06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5744576**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Linda J Rasmussen MD**

Mailing Address 649 Kanaha St

City State Zip Code  
Kailua HI 96734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Windward Ortho Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5744579**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. T Clark Robinson MD**

Mailing Address P.O. Box 1942

City State Zip Code  
Nampa ID 83653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Saltzer Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5744580**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael Vener MD**

Mailing Address 668 N. Lake Dr.

City	State	Zip Code
Watertown	SD	57201

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2014

Transaction ID : 5744581

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael R Clain MD**

Mailing Address 9 Indian Head Rd

City	State	Zip Code
Riverside	CT	06878

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

ONS

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2014

Transaction ID : 5744582

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Tal S David MD**

Mailing Address 5165 Rancho Quinta Bend

City	State	Zip Code
San Diego	CA	92130

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2014

Transaction ID : 5744583

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David Goodman MD**

Mailing Address 380 Woodcreek Ln

City State Zip Code  
 Fayetteville GA 30215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : 5744584**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gerald W Rothacker Jr, MD**

Mailing Address 817 Woodfield Dr

City State Zip Code  
 Lititz PA 17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : 5744747**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Carl DiRaimondo MD**

Mailing Address 2331 Woodridge Dr

City State Zip Code  
 Manitowoc WI 54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2014

**Transaction ID : 5744749**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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3000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. William A Tyndall MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 29 / 2014</div> </div> <b>Transaction ID : 5744750</b> </p>		
<p>Mailing Address 123 Brittany Ln</p>			<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>City State Zip Code  Hollidaysburg PA 16648</p>	<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>		<p>Transaction ID : 5744750</p>		
<p>Name of Employer  University Orthopedic Specialists</p>	<p>Occupation  Orthopaedic Surgeon</p>		<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>500.00</div> </div> </p>		<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Thomas A German MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 29 / 2014</div> </div> <b>Transaction ID : 5744751</b> </p>		
<p>Mailing Address 13460 Cuesta Verde</p>			<p>Amount of Each Receipt this Period  <div> <div>250.00</div> </div> </p>		
<p>City State Zip Code  Salinas CA 93908</p>	<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>		<p>Transaction ID : 5744751</p>		
<p>Name of Employer  Salinas Valley Orthopaedics</p>	<p>Occupation  Orthopaedic Surgeon</p>		<p>Amount of Each Receipt this Period  <div> <div>250.00</div> </div> </p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>250.00</div> </div> </p>		<p>Amount of Each Receipt this Period  <div> <div>250.00</div> </div> </p>		
<p>Full Name (Last, First, Middle Initial)  <b>c. Curtis R Settergren MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 29 / 2014</div> </div> <b>Transaction ID : 5744753</b> </p>		
<p>Mailing Address 2937 MacLeod St</p>			<p>Amount of Each Receipt this Period  <div> <div>1000.00</div> </div> </p>		
<p>City State Zip Code  Billings MT 59106</p>	<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>		<p>Transaction ID : 5744753</p>		
<p>Name of Employer  Ortho Montana</p>	<p>Occupation  Orthopaedic Surgeon</p>		<p>Amount of Each Receipt this Period  <div> <div>1000.00</div> </div> </p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  <div> <div>1000.00</div> </div> </p>		<p>Amount of Each Receipt this Period  <div> <div>1000.00</div> </div> </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<div> <div>1750.00</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>			<div> <div></div> </div>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Garth Robert Smith MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 29 / 2014</div> </div> </p>		
<p>Mailing Address 875 Mallard Circle</p>			<p><b>Transaction ID : 5744756</b></p>		
<p>City State Zip Code  Arnold MD 21012</p>		<p>Amount of Each Receipt this Period  <div> <div>1000.00</div> </div></p>			
<p>FEC ID number of contributing federal political committee.  <div>C</div></p>					
<p>Name of Employer  Self Employed</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>1000.00</div> </div></p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Anthony J Adrignolo III, MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 29 / 2014</div> </div> </p>		
<p>Mailing Address 24965 Rivermere Dr</p>			<p><b>Transaction ID : 5744937</b></p>		
<p>City State Zip Code  Eden MD 21822</p>		<p>Amount of Each Receipt this Period  <div> <div>350.00</div> </div></p>			
<p>FEC ID number of contributing federal political committee.  <div>C</div></p>					
<p>Name of Employer  Pennisula Orthopaedic Associates</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>350.00</div> </div></p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. John R Gleason MD</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>01 / 29 / 2014</div> </div> </p>		
<p>Mailing Address 5671 Peachtree Dunwoody Rd NE  Suite 700</p>			<p><b>Transaction ID : 5745923</b></p>		
<p>City State Zip Code  Atlanta GA 30342-5047</p>		<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div></p>			
<p>FEC ID number of contributing federal political committee.  <div>C</div></p>					
<p>Name of Employer  Resurgens Orthopaedics</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div>500.00</div> </div></p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div> <div>1850.00</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div> <div></div> </div>		



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Raymond L Horwood MD**

Mailing Address 1575 Balmoral Way

City State Zip Code  
Westlake OH 44145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5745924**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John A Barrasso MD**

Mailing Address 4140 Centennial Hills Blvd Ste A

City State Zip Code  
Casper WY 82609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United States Government

Occupation

United States Senator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5745925**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. George F Chimento MD**

Mailing Address 2405 Chester St

City State Zip Code  
Metairie LA 70001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5745926**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Todd Martin Raabe MD</b></p> <p>Mailing Address 16987 FM 756</p> <p>City State Zip Code          Whitehouse TX 75791</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Azalea Orthopedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          01 / 29 / 2014</p> <p><b>Transaction ID : 5745927</b></p> <p>Amount of Each Receipt this Period          250.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Todd Andrew McCall MD</b></p> <p>Mailing Address 1075 Mason Ave</p> <p>City State Zip Code          Daytona Beach FL 32117</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Orthopaedic Clinic of Daytona Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          01 / 29 / 2014</p> <p><b>Transaction ID : 5745928</b></p> <p>Amount of Each Receipt this Period          250.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Jeffrey R Ginther MD, FACS</b></p> <p>Mailing Address 13827 Driftwood Dr</p> <p>City State Zip Code          Carmel IN 46033-8511</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Riverview Hospital Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1000.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          01 / 29 / 2014</p> <p><b>Transaction ID : 5745929</b></p> <p>Amount of Each Receipt this Period          1000.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1500.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John C Richmond MD**

Mailing Address 20 Malcolm Street

City

Hingham

State

MA

Zip Code

02043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Boston Sports & Shoulder Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : 5745930**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James W Nichols DO**

Mailing Address 1112 Mill St

City

Camden

State

SC

Zip Code

29020-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : 5745932**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Stephen C Weber MD**

Mailing Address 2801 K St Ste 310

City

Sacramento

State

CA

Zip Code

95816-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2014

**Transaction ID : 5745933**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mark W Woolf MD**

Mailing Address 3628 Country Club Circle

City State Zip Code  
Ft Worth TX 76109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arlington Orthopaedic Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5745934**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Scott B Reynolds MD**

Mailing Address 1408 N. 187th St.

City State Zip Code  
Elkhorn NE 68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OrthoWest

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5745935**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. G Brian Holloway MD**

Mailing Address 8956 Hemingway Grove Circle

City State Zip Code  
Knoxville TN 37922-8087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Knoxville Orthopaedic Clinic

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : 5745937**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jeffrey M Colbert MD**

Mailing Address 13160 Mindanao Way #325

City	State	Zip Code
Marina Del Rey	CA	90292-6614

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

Transaction ID : 5745938

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Haik G Kavookjian MD**

Mailing Address 555 Newfield Ave

City	State	Zip Code
Stamford	CT	06950

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

Transaction ID : 5745939

Amount of Each Receipt this Period

950.00

Full Name (Last, First, Middle Initial)

**C. Michael P Nancollas MD**

Mailing Address 5183 Candlewood Dr

City	State	Zip Code
Fayetteville	NY	13066-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Syracuse Orthopedic Specialists

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

Transaction ID : 5745940

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1450.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Robert Mark Hazel MD**

Mailing Address 2327 River Rd

City

Murfreesboro

State

TN

Zip Code

37129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 5745947**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Einer Johnson MD**

Mailing Address 2207 Westerly Ct

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 5745948**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Tim Kiernan Conlan MD**

Mailing Address 6817 Glengarry Ave NW

City

Canton

State

OH

Zip Code

44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spectrum Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2014

**Transaction ID : 5745953**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Melburn K Huebner MD</b></p> <p>Mailing Address 1501 North Dowell Road</p> <p>City Amarillo State TX Zip Code 79124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 30 / 2014 <b>Transaction ID : 5745956</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Gregory B Krivchenia II, MD</b></p> <p>Mailing Address 3 East Benjamin Street</p> <p>City New Martinsville State WV Zip Code 26155</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer First Settlement Orthopaedics, Inc Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2014 <b>Transaction ID : 5746671</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Harry E Rubash MD</b></p> <p>Mailing Address Harvard Affl Hospitals 55 Fruit St YAW 3700</p> <p>City Boston State MA Zip Code 02114</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Massachusetts General Hospital Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2014 <b>Transaction ID : 5746673</b></p> <p>Amount of Each Receipt this Period 750.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2250.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Robert S Schultz MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 01 / 2014  <b>Transaction ID : 5758818</b></p>		
<p>Mailing Address 2667 Weldon Rd</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  Billings</p>	<p>State  MT</p>	<p>Zip Code  59101</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Billings Clinic</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Jeff Alan Traub MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014  <b>Transaction ID : 5762649</b></p>		
<p>Mailing Address 215 Bright Water Cove</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City  Alpharetta</p>	<p>State  GA</p>	<p>Zip Code  30022</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Self Employed</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Michael S Kain MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014  <b>Transaction ID : 5762650</b></p>		
<p>Mailing Address 16 Blossom St</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  Lexington</p>	<p>State  MA</p>	<p>Zip Code  02421</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Lahey Hospital</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Sheldon S Lin MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014  <b>Transaction ID : 5762651</b></p>		
<p>Mailing Address 19 Lake Rd</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Chatham</p>	<p>State NJ</p>	<p>Zip Code 07928</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Rutgers</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Baron Lonner MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014  <b>Transaction ID : 5762656</b></p>		
<p>Mailing Address 820 Second Avenue Suite 7A</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City New York</p>	<p>State NY</p>	<p>Zip Code 10017</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Patrick G Kirk MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014  <b>Transaction ID : 5762657</b></p>		
<p>Mailing Address 8405 Eustisfarm Ln</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Cincinnati</p>	<p>State OH</p>	<p>Zip Code 45243</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer The Christ Hospital</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>2500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Laurence E Mermelstein MD**

Mailing Address 763 Larkfield Rd 2nd Fl

City State Zip Code  
 Commack NY 11725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Spine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 03 2014

Transaction ID : 5762658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Claiborne Lake Moseley MD**

Mailing Address 1607 Castle Drive

City State Zip Code  
 Jonesboro AR 72401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 03 2014

Transaction ID : 5762659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Peter A Looby MD**

Mailing Address 810 E 23rd St Ste 5000

City State Zip Code  
 Sioux Falls SD 57105-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 03 2014

Transaction ID : 5762661

Amount of Each Receipt this Period

1000.00

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**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kirk Kindsfater MD**

Mailing Address 16285 CR 76

City State Zip Code  
Eaton CO 80615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 03 2014

Transaction ID : 5762665

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gary Drillings MD**

Mailing Address 10 Nelson Lane

City State Zip Code  
Montville NJ 07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 03 2014

Transaction ID : 5762667

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John Keith Frazier MD**

Mailing Address 3191 Ford Ln

City State Zip Code  
LaFayette CA 94549-4147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Webster Orthopaedic Med Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 03 2014

Transaction ID : 5762671

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David B Thordarson MD**

Mailing Address 832 Hanley Ave

City State Zip Code  
Los Angeles CA 90049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars Sinai Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762672**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Neal L Rockowitz MD**

Mailing Address Rockowitz Orthopaedic Center  
3815 North 32nd St

City State Zip Code  
Phoenix AZ 85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762674**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Neal D Lintecum MD**

Mailing Address 789 N 1500 Rd

City State Zip Code  
Lawrence KS 66049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Kansas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762675**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Joseph M Lane MD**

Mailing Address 535 E 86th St Apt 14F

City

New York

State

NY

Zip Code

10028-7533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762680**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John S Early MD**

Mailing Address 8210 Walnut Hill Ln Ste 130

City

Dallas

State

TX

Zip Code

75231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762682**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Mark G Murphy MD**

Mailing Address 808 Riverbend Dr

City

Douglas

State

WY

Zip Code

82633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thunder Basin Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762683**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kimberly Lee Furry MD**

Mailing Address 41 Rio Vista Cir

City

Durango

State

CO

Zip Code

81301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Durango Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762684**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael R McLean MD**

Mailing Address 4415 Raguet St

City

Nacogdoches

State

TX

Zip Code

75965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762686**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Anthony R Marino MD**

Mailing Address 17 Riverside Dr.

City

Nashua

State

NH

Zip Code

03062-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5762690**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David C Templeman MD**

Mailing Address 1180 Tonkawa Road

City

Orono

State

MN

Zip Code

55356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hennepin County Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763185**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jesse G Eisler MD**

Mailing Address 24 Sunset Farm Rd

City

West Hartford

State

CT

Zip Code

06107-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT Back Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : 5763657**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Letha Y Griffin MD**

Mailing Address 2540 Brookdale Dr NW

City

Atlanta

State

GA

Zip Code

30305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peachtree Ortho Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763667**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2250.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Champ L Baker Jr, MD**

Mailing Address 5 Mountainbrook Ct

City State Zip Code  
Columbus GA 31904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hughston Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763668**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David M King MD**

Mailing Address W299 N1848 Wind Ridge Ct

City State Zip Code  
Pewaukee WI 53072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763671**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Timothy S Petsche MD**

Mailing Address 41 W Lenz Rd

City State Zip Code  
Elgin IL 60124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fox Valley Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763674**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John G Thometz MD**

Mailing Address 2600 Bartlett Drive

City State Zip Code  
 Brookfield WI 53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 03 2014

**Transaction ID : 5763676**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey A Baum MD**

Mailing Address 119 Eton Dr

City State Zip Code  
 Pittsburgh PA 15215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Three Rivers Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 03 2014

**Transaction ID : 5763677**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Dean Watson MD**

Mailing Address 2923 W Bay Vista Ave

City State Zip Code  
 Tampa FL 33611-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 03 2014

**Transaction ID : 5763680**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Gerald Q Greenfield Jr, MD**

Mailing Address 12 Remington Run

City

San Antonio

State

TX

Zip Code

78258-7707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763682**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John J Callaghan MD**

Mailing Address Dept of Orthopaedics

200 Hawkins Dr / 01029 JPP

City

Iowa City

State

IA

Zip Code

52242-1088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Iowa Hospitals & Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763687**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. John B Wood MD**

Mailing Address 403 Mockingbird Ln

City

Carbondale

State

IL

Zip Code

62901-5249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763688**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

5500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Robert Louis Pierron MD</b></p> <p>Mailing Address 6005 W 124th Terrace</p> <p>City Overland Park State KS Zip Code 66209</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer College Park Family Care Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014</p> <p><b>Transaction ID : 5763689</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Mark A Dodson MD</b></p> <p>Mailing Address 3444 Masonic Dr</p> <p>City Alexandria State LA Zip Code 71301</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Mid-State Orthopaedics &amp; Sports Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014</p> <p><b>Transaction ID : 5763691</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Kyle F Dickson MD</b></p> <p>Mailing Address 4925 Pine Street</p> <p>City Bellaire State TX Zip Code 77401-5330</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Southwest Orthopaedic Group Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 03 / 2014</p> <p><b>Transaction ID : 5763693</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			2500.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Vincent E Vena MD**

Mailing Address 528 Waterfall Dr

City

Johnstown

State

PA

Zip Code

15906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western PA Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763695**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas A Lombardo Jr, MD**

Mailing Address 8750 Transit Rd Suite 105

City

East Amherst

State

NY

Zip Code

14051-2610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northtown Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763697**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mohammed-Tarek Al-Fahl MD**

Mailing Address 9715 Stonecross Bend Dr

City

Houston

State

TX

Zip Code

77070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopaedics & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2014

**Transaction ID : 5763700**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mitchell B Sheinkop MD**

Mailing Address 2328 N Cleveland Ave

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midwest Orthopaedics at Rush

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2014

**Transaction ID : 5763701**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Roland Y Nakata MD**

Mailing Address 815 S Fairmont Ave

City State Zip Code  
Lodi CA 95240-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2014

**Transaction ID : 5763703**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Eugene D DellaMaggiore MD**

Mailing Address 1214 Sierra Ave

City State Zip Code  
San Jose CA 95126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2014

**Transaction ID : 5763706**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Benjamin James Hackett MD</b></p> <p>Mailing Address 7808 Bluebell Ln</p> <p>City State Zip Code Wausau WI 54401-8444</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Bone &amp; Joint Clinic S.C. Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014 <b>Transaction ID : 5764302</b></p> <p>Amount of Each Receipt this Period 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. Frank Capecci MD</b></p> <p>Mailing Address 56 Pheasant Run</p> <p>City State Zip Code Kinnelon NJ 07405-3028</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2014 <b>Transaction ID : 5769141</b></p> <p>Amount of Each Receipt this Period 1000.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. Roy Davidovitch MD</b></p> <p>Mailing Address 5 Woodland Park Drive</p> <p>City State Zip Code Tenafly NJ 07670</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation NYU Hospital for Joint Diseases Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2014 <b>Transaction ID : 5769142</b></p> <p>Amount of Each Receipt this Period 300.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2300.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Richard P Lewallen MD**

Mailing Address 2900 12th Ave N Ste 100E

City State Zip Code  
 Billings MT 59101-0121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Montana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769144**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ray M Fitzgerald MD**

Mailing Address 101 Westcott St Unit 402

City State Zip Code  
 Houston TX 77007-7030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769145**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael P Young MD**

Mailing Address 350 Fox Hunt Trail

City State Zip Code  
 Barrington IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Cook Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769146**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Susan E Stephens MD**

Mailing Address 1776 Chartley

City State Zip Code  
 Gates Mills OH 44040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Institute for Spine, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769147**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew R Brand MD**

Mailing Address Finger Lakes Ortho Surgery  
 300 Hoffman St

City State Zip Code  
 Elmira NY 14905-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769150**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Bruce A Bollinger MD**

Mailing Address 4401 Ridgeway Rd

City State Zip Code  
 Fort Worth TX 76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769156**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Keith M Baumgarten MD</b></p> <p>Mailing Address 807 W Chicory</p> <p>City State Zip Code          Sioux Falls SD 57108</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1000.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          02 / 04 / 2014</p> <p><b>Transaction ID : 5769161</b></p> <p>Amount of Each Receipt this Period          1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. David Matthew Beard MD</b></p> <p>Mailing Address 3000 32nd Ave South</p> <p>City State Zip Code          Fargo ND 58103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Essentia Health Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          300.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          02 / 04 / 2014</p> <p><b>Transaction ID : 5769162</b></p> <p>Amount of Each Receipt this Period          300.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Daniel J Murphy MD</b></p> <p>Mailing Address 121 Ben Bar Circle</p> <p>City State Zip Code          Whitesboro NY 13492</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          250.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          02 / 04 / 2014</p> <p><b>Transaction ID : 5769164</b></p> <p>Amount of Each Receipt this Period          250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1550.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. Jeffrey John Anderson MD

Mailing Address 333 O'Connor Dr

City

San Jose

State

CA

Zip Code

95128-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : 5769165

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Edward J Hellman MD

Mailing Address 12715 Norfolk Ln

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoIndy

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : 5769222

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth A Arendt MD

Mailing Address Ortho Surgery  
2512 S 7th St Ste 200

City

Minneapolis

State

MN

Zip Code

55454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Minnesota Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : 5769223

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Christopher John Lang MD**

Mailing Address 1215 W Chaucer

City

Spokane

State

WA

Zip Code

99208-8675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spokane Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : 5769225

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James J Dietz MD**

Mailing Address 1156 Yorkshire

City

Grosse Pointe Park

State

MI

Zip Code

48230-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : 5769226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Francis Burns Kelly MD**

Mailing Address 270 Country Club Rd

City

Macon

State

GA

Zip Code

31210-4718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forsyth Street Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : 5769227

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1150.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Joseph E Slaphey Jr, MD**

Mailing Address 350 North Rivoli Farms Drive

City State Zip Code  
Macon GA 31210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Forsyth Street Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 04 2014

**Transaction ID : 5769228**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kanwaldeep S Sidhu MD**

Mailing Address 20 Belle Meade

City State Zip Code  
Grosse Pointe Shores MI 48236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Clair Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 04 2014

**Transaction ID : 5769229**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jonathan P Kieve MD**

Mailing Address 12410 E. Sinto Ave  
Suite 201

City State Zip Code  
Spokane Valley WA 99216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NWOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 04 2014

**Transaction ID : 5769230**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David Blum MD**

Mailing Address 107 Dockside Circle

City State Zip Code  
 Weston FL 33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769231**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ajoy K Jana MD**

Mailing Address 15902 Patrick Ave

City State Zip Code  
 Omaha NE 68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Methodist Physicians Clinic

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769232**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Aldrich MD**

Mailing Address 131 LaFayette Landing

City State Zip Code  
 Heath TX 75032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lakepoint Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 05 / 2014

**Transaction ID : 5769233**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Craig R Duhon MD**

Mailing Address 2640 White Rd

City

Rockwall

State

TX

Zip Code

75032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakepoint Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 05 / 2014

**Transaction ID : 5769234**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Eric T Miller MD**

Mailing Address 4101 Okey Court

City

Medina

State

OH

Zip Code

44256-7367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Summa Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 05 / 2014

**Transaction ID : 5769235**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Scott W Wolfe MD**

Mailing Address 55 Birch Ln

City

Greenwich

State

CT

Zip Code

06830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 05 / 2014

**Transaction ID : 5769237**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Charles L Sullivan MD**

Mailing Address 8815 Pickering

City

Missoula

State

MT

Zip Code

59808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5769339**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffery D Angel MD**

Mailing Address 501 Virginia Dr Ste C

City

Batesville

State

AR

Zip Code

72501-7331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5769560**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Milan M Patel MD**

Mailing Address 3836 Sidestreet

City

Atlanta

State

GA

Zip Code

30341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2014

**Transaction ID : 5769562**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Charles D Hummer III, MD**

Mailing Address 1157 Avonlea Circle

City State Zip Code  
 Glen Mills PA 19342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 08 / 2014

Transaction ID : 5769564

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Edward R McDevitt MD**

Mailing Address 3116 Drogue Ct

City State Zip Code  
 Annapolis MD 21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Area Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

Transaction ID : 5769584

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Steven Douglas K Ross MD**

Mailing Address 555 Wildhorse

City State Zip Code  
 Orange CA 92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

Transaction ID : 5771379

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. David L Wiest MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 10 / 2014  <b>Transaction ID : 5771415</b></p>		
<p>Mailing Address 3200 11th Street South  #209</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  <b>Fargo</b></p>	<p>State  <b>ND</b></p>	<p>Zip Code  <b>58104</b></p>			
<p>FEC ID number of contributing federal political committee.  <b>C</b></p>					
<p>Name of Employer  <b>Sanford Health</b></p>		<p>Occupation  <b>Orthopaedic Surgeon</b></p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Paul G Melaragno MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 07 / 2014  <b>Transaction ID : 5771479</b></p>		
<p>Mailing Address 3288 Scioto Run Blvd</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City  <b>Hilliard</b></p>	<p>State  <b>OH</b></p>	<p>Zip Code  <b>43026</b></p>			
<p>FEC ID number of contributing federal political committee.  <b>C</b></p>					
<p>Name of Employer  <b>Orthopedic One</b></p>		<p>Occupation  <b>Orthopaedic Surgeon</b></p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Terry Glenn Green MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 07 / 2014  <b>Transaction ID : 5771480</b></p>		
<p>Mailing Address 850 Northpointe Dr</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City  <b>Mountain Home</b></p>	<p>State  <b>AR</b></p>	<p>Zip Code  <b>72653</b></p>			
<p>FEC ID number of contributing federal political committee.  <b>C</b></p>					
<p>Name of Employer  <b>Baxter Regional Hospital</b></p>		<p>Occupation  <b>Orthopaedic Surgeon</b></p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>1250.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Donn A Fassero MD**

Mailing Address 1409 E. Briggsmore Avenue

City State Zip Code  
Modesto CA 95355-4201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sutter Gould Med Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5771483**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gregory M Uitvlugt MD**

Mailing Address 3394 E Jolly Rd Ste A

City State Zip Code  
Lansing MI 48910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Lansing Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5771492**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Douglas J McDonald MD**

Mailing Address 8 Old Westbury Ln

City State Zip Code  
Webster Groves MO 63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Univ St Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5771494**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Daniel J Gallagher MD**

Mailing Address 4633 Wichers Dr Ste 100

City State Zip Code  
Marrero LA 70072-3096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771548**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. A Philip Fontanetta MD**

Mailing Address 700 Hunt Ln

City State Zip Code  
Manhasset NY 11030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771549**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard Zapanta MD**

Mailing Address 5830 Beverly Hills Drive

City State Zip Code  
Whittier CA 90601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771550**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1725.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Daniel E Murphy MD**

Mailing Address 602 S Howard Ave

City

Tampa

State

FL

Zip Code

33606-2413

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tampa Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771551**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Joseph R Locker MD**

Mailing Address 2240 SW 76th Ln

City

Ocala

State

FL

Zip Code

34476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Orthopaedic Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771552**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark R Wilson MD**

Mailing Address 9825 Finnegan Dr

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771568**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Paul Alan Kammerlocher MD**

Mailing Address 2907 NW 40th Pl

City  
Newcastle

State Zip Code  
OK 73065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McBride Clinic Inc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771570**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Spiegel MD**

Mailing Address 84 Tan Oak Dr

City  
Scotts Valley

State Zip Code  
CA 95066-4441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palo Alto Medical Foundation Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771572**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Anthony Louis Finuoli DO**

Mailing Address 23 Legends Circle

City  
Melville

State Zip Code  
NY 11747-5301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771574**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James R Dyreby MD**

Mailing Address Northland Orthopaedic Assoc, S C  
444 E Timber Dr

City Rhinelander State WI Zip Code 54501-2852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ministry Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771576**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stephen S Hurst MD**

Mailing Address 618 Gloucester Ln

City Foster City State CA Zip Code 94404-3615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

San Mateo Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5771577**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Joseph F Curtis Jr, MD**

Mailing Address 454 Taylor Rd

City Montgomery State AL Zip Code 36117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5774707**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. William M Strassberg MD</b> Full Name (Last, First, Middle Initial) Mailing Address 36 Sailors Bluff City Northport State ME Zip Code 04849-3063 FEC ID number of contributing federal political committee. C Name of Employer Mount Desert Island Hospital Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 5774709</b> Amount of Each Receipt this Period 250.00
<b>B. David W Romness MD</b> Full Name (Last, First, Middle Initial) Mailing Address Commonwealth Orthopaedics 1635 N George Mason Dr Ste 310 City Arlington State VA Zip Code 22205-3616 FEC ID number of contributing federal political committee. C Name of Employer Commonwealth Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2014 <b>Transaction ID : 5778894</b> Amount of Each Receipt this Period 500.00
<b>C. Stephen T Ikard MD</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 2447 City Tuscaloosa State AL Zip Code 35403-2447 FEC ID number of contributing federal political committee. C Name of Employer University Orthopaedic Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 07 / 2014 <b>Transaction ID : 5779004</b> Amount of Each Receipt this Period 1000.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John P Buckley MD**

Mailing Address 305 Bryant Dr E

City State Zip Code  
Tuscaloosa AL 35401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779005**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert J Hagen MD**

Mailing Address 1411 S Creasy Ln Ste 120

City State Zip Code  
Lafayette IN 47905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lafayette Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779006**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tomasz W Borowiecki MD**

Mailing Address 49 Linden Ln

City State Zip Code  
Springfield IL 62712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springfield Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779008**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. John Fletcher Lovejoy MD</b> Full Name (Last, First, Middle Initial) Mailing Address 8605 Long Acre Ct City Bethesda State MD Zip Code 20817 FEC ID number of contributing federal political committee. C Name of Employer Childrens National Medical Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 07 / 2014 <b>Transaction ID : 5779009</b> Amount of Each Receipt this Period 250.00
<b>B. M Gordon Whitbeck MD</b> Full Name (Last, First, Middle Initial) Mailing Address 46 Lake Lacoma Dr City Pittsford State NY Zip Code 14534 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 07 / 2014 <b>Transaction ID : 5779011</b> Amount of Each Receipt this Period 250.00
<b>C. Nicholas M Halikis MD</b> Full Name (Last, First, Middle Initial) Mailing Address 23456 Hawthorne Blvd Ste 300 City Torrance State CA Zip Code 90505 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 02 / 07 / 2014 <b>Transaction ID : 5779012</b> Amount of Each Receipt this Period 300.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			800.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. J Ollie Edmunds MD, FACS</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 07 / 2014  <b>Transaction ID : 5779032</b></p>		
<p>Mailing Address Suite 1500 Tidewater Place  1440 Canal St.</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  New Orleans</p>	<p>State  LA</p>	<p>Zip Code  70112</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Tulane University</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Abdul Foad MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 07 / 2014  <b>Transaction ID : 5779036</b></p>		
<p>Mailing Address 19152 247th Avenue</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City  Bettendorf</p>	<p>State  IA</p>	<p>Zip Code  52722</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Self Employed</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Adolph V Lombardi Jr, MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 07 / 2014  <b>Transaction ID : 5779056</b></p>		
<p>Mailing Address 7277 Smith's Mill Rd  Ste 200</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City  New Albany</p>	<p>State  OH</p>	<p>Zip Code  43054</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Joint Implant Surgeons, Inc</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  2000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>2250.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Russell G Tigges MD**

Mailing Address 15 Stanford Court

City State Zip Code  
Rhinebeck NY 12572

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates, LLC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779057**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert L Shackleton MD**

Mailing Address 130 W Oakridge Park

City State Zip Code  
Metairie LA 70005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779059**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Thomas R Dennis MD**

Mailing Address 128 Lubrano Drive

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779139**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Robert C Kramer MD**

Mailing Address 3650 Laurel Ave

City

Beaumont

State

TX

Zip Code

77707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Beaumont Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2014

**Transaction ID : 5779140**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael A Thompson MD**

Mailing Address 25005 Farnam Circle

City

Waterloo

State

NE

Zip Code

68069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5779230**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Michael C Thompson MD**

Mailing Address 21925 Stanford Circle

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5779231**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ryan M Arnold MD**

Mailing Address 2453 S 191 Circle

City State Zip Code  
Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5779232**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David E Brown MD**

Mailing Address 15617 Woolworth Ave

City State Zip Code  
Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5779233**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jonathan E Buzzell MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
Omaha NE 68144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 10 / 2014

**Transaction ID : 5779234**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ian D Crabb MD**

Mailing Address 9737 Fieldcrest Dr

City State Zip Code  
 Omaha NE 68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : 5779236**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kirk Hutton MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
 Omaha NE 68144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : 5779237**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Randall Dean Neumann MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
 Omaha NE 68144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : 5779238**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Samar Kumar Ray MD**

Mailing Address 2725 S 144th St Ste 212

City State Zip Code  
 Omaha NE 68144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
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**Transaction ID : 5779239**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William Stuart Singer MD**

Mailing Address 10410 N 84th St

City State Zip Code  
 Omaha NE 68122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho West

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : 5779240**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Enrique Escobar-Medina MD**

Mailing Address P.O. Box 8637

City State Zip Code  
 Caguas PR 00726-8637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : 5779242**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Richard W Springstead MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 10 / 2014  <b>Transaction ID : 5779243</b></p>		
<p>Mailing Address 33 Ponce de Leon Blvd</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  Brooksville</p>	<p>State  FL</p>	<p>Zip Code  34601-3217</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Self Employed</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Victor Goldberg MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 10 / 2014  <b>Transaction ID : 5779247</b></p>		
<p>Mailing Address 1710 County Line</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  Gates Mills</p>	<p>State  OH</p>	<p>Zip Code  44040</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  Case Western Reserve University</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. M Angela Mayeux MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 10 / 2014  <b>Transaction ID : 5779251</b></p>		
<p>Mailing Address 1000 W Pinhook Rd Ste 305</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City  Lafayette</p>	<p>State  LA</p>	<p>Zip Code  70503</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer  LGMD</p>		<p>Occupation  Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>750.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Thomas A Malvitz MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 10 / 2014  <b>Transaction ID : 5779292</b></p>		
<p>Mailing Address 5480 Forest Bend Dr</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Ada</p>	<p>State MI</p>	<p>Zip Code 49301</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orthopaedic Associates of Michigan</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Keith L Wapner MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 12 / 2014  <b>Transaction ID : 5783034</b></p>		
<p>Mailing Address 651 N Heilbron Dr</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Media</p>	<p>State PA</p>	<p>Zip Code 19063</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Univ of Penn Health System</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. James T Bilbo MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 12 / 2014  <b>Transaction ID : 5785193</b></p>		
<p>Mailing Address 121 Ridge Rd</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Ft Mitchell</p>	<p>State KY</p>	<p>Zip Code 41011-2642</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Commonwealth Orthopaedic Centers</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mitchel S Robinson MD**

Mailing Address 660 Golden Ridge Road  
Suite 250

City State Zip Code  
Golden CO 80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785198**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Douglas Cabot Wong MD**

Mailing Address 23769 Shooting Star Dr

City State Zip Code  
Golden CO 80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785199**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven Weber DO**

Mailing Address 25 West Crystal Lake St Ste 200

City State Zip Code  
Orlando FL 32806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785201**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Stephen R Goll MD**

Mailing Address 711 Pinetree Rd

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785202**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Samuel S Blick MD**

Mailing Address 8707 Southern Breeze Dr

City

Orlando

State

FL

Zip Code

32836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785203**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Eric Gunn Bonenberger MD**

Mailing Address 10539 Emerald Chase Dr

City

Orlando

State

FL

Zip Code

32836-5862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785204**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Lawrence S Halperin MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 12 / 2014  <b>Transaction ID : 5785205</b></p>		
<p>Mailing Address 408 Spring Valley Ln</p>			<p>Amount of Each Receipt this Period  600.00</p>		
<p>City Altamonte Springs</p>	<p>State FL</p>	<p>Zip Code 32714</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orlando Orthopaedic Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  600.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Randy Steven Schwartzberg MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 12 / 2014  <b>Transaction ID : 5785206</b></p>		
<p>Mailing Address 111 Arrowhead Court</p>			<p>Amount of Each Receipt this Period  600.00</p>		
<p>City Winter Springs</p>	<p>State FL</p>	<p>Zip Code 32708</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orlando Orthopaedic Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  600.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. G Grady McBride MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 12 / 2014  <b>Transaction ID : 5785207</b></p>		
<p>Mailing Address 475 Lakewood Dr</p>			<p>Amount of Each Receipt this Period  600.00</p>		
<p>City Winter Park</p>	<p>State FL</p>	<p>Zip Code 32789-3939</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orlando Orthopaedic Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  600.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>1800.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Amit Agarwala MD**

Mailing Address 660 Golden Ridge Rd Suite 250

City State Zip Code  
Golden CO 80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785208**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jared R H Foran MD**

Mailing Address 1735 19th Street  
4A

City State Zip Code  
Denver CO 80202-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785209**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mark F Mills MD**

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code  
Golden CO 80401-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785210**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mathias A Masem MD**

Mailing Address 80 Grand Ave #600

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785212**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Douglas A Foulk MD**

Mailing Address 660 Golden Ridge Road  
Ste. 250

City State Zip Code  
Golden CO 80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Panorama Ortho & Spine Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785213**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Edmund B Rowland Jr, MD**

Mailing Address 31254 Sugar Hill Lane

City State Zip Code  
Evergreen CO 80439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Panorama Ortho & Spine Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785214**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Bryan Lee Reuss MD**

Mailing Address 476 Sylvan Dr

City

Winter Park

State

FL

Zip Code

32789-3975

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2014

**Transaction ID : 5785219**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Craig P Jones MD**

Mailing Address 1345 Spring Lake Dr

City

Orlando

State

FL

Zip Code

32804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2014

**Transaction ID : 5785220**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Bradd Burkhart MD**

Mailing Address 1600 Legion Drive

City

Winter Park

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2014

**Transaction ID : 5785221**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2100.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Raeburn M Jenkins MD**

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code  
Golden CO 80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785222**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Patrick McNair MD**

Mailing Address 10363 Carriage Club Drive

City State Zip Code  
Lone Tree CO 80124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785223**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Peter Lammens MD**

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code  
Golden CO 80401-9522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2014

**Transaction ID : 5785224**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. Charles Adam Gottlob MD

Mailing Address Panorama Orthopedics

660 Golden Ridge Rd #250

City

Golden

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho &amp; Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2014

Transaction ID : 5785225

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David J Schneider MD

Mailing Address 711 Skywalker Point

City

Lafayette

State

CO

Zip Code

80026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho &amp; Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2014

Transaction ID : 5785226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Karen H Knight MD

Mailing Address 660 Golden Ridge Road, Ste 250

City

Golden

State

CO

Zip Code

80401-9541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho &amp; Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 12 / 2014

Transaction ID : 5785227

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Thomas G Frierhood MD</b></p> <p>Mailing Address 2635 Vivian St</p> <p>City State Zip Code  Lakewood CO 80215</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Panorama Ortho &amp; Spine Center Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 12 2014</p> <p><b>Transaction ID : 5785228</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. James T Johnson MD</b></p> <p>Mailing Address 1176 E Layton Ave</p> <p>City State Zip Code  Englewood CO 80113-7036</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Panorama Ortho &amp; Spine Center Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 12 2014</p> <p><b>Transaction ID : 5785229</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Mark J Conklin MD</b></p> <p>Mailing Address 1702 Sand Lily Dr</p> <p>City State Zip Code  Golden CO 80401</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Panorama Ortho &amp; Spine Center Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 12 2014</p> <p><b>Transaction ID : 5785230</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Walter G Robinson Jr, MD**

Mailing Address 3042 Nelson Dr

City

Lakewood

State

CO

Zip Code

80215-7155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785231**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Bharat M Desai MD**

Mailing Address 7955 Spirit Ranch Rd

City

Golden

State

CO

Zip Code

80403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785232**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Roger E Murken MD**

Mailing Address 660 Golden Ridge Rd Ste 250

City

Golden

State

CO

Zip Code

80401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Panorama Ortho & Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2014

**Transaction ID : 5785233**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Joshua Dines MD**

Mailing Address 345 E 57th St Apt 11B

City State Zip Code  
 New York NY 10022-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785234**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. F Thomas Davies Kaplan MD**

Mailing Address 11542 Willow Springs Dr

City State Zip Code  
 Zionsville IN 46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Indiana Hand to Shoulder Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785235**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. John H Healey MD, FACS**

Mailing Address 1275 York Ave

City State Zip Code  
 New York NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Memorial Sloan Kettering Cancer Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785236**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Glen Crawford MD**

Mailing Address 411 Middle St

City

West Newbury

State

MA

Zip Code

01985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sports Medicine Atlantic Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 13 / 2014

Transaction ID : 5785632

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kenneth J Edwards MD**

Mailing Address 368 Ridgeway

City

Saint Joseph

State

MI

Zip Code

49085

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2014

Transaction ID : 5785655

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard A Kube MD**

Mailing Address 212 W Ravinswood Rd

City

Peoria

State

IL

Zip Code

61615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

Transaction ID : 5785656

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. James F Barwick MD</b></p> <p>Mailing Address 111 Honey Pod Farm Rd</p> <p>City Washington State NC Zip Code 27889-5262</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Vidant Health System Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt  <b>02 / 13 / 2014</b>  <b>Transaction ID : 5785658</b>            Amount of Each Receipt this Period            250.00         </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Vernon Sims Esplin MD</b></p> <p>Mailing Address 560 Memorial Dr</p> <p>City Pocatello State ID Zip Code 83201</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>02 / 13 / 2014</b>  <b>Transaction ID : 5785659</b>            Amount of Each Receipt this Period            500.00         </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Friedrich Boettner MD</b></p> <p>Mailing Address 247 Barnard Rd</p> <p>City Larchmont State NY Zip Code 10538-1902</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt  <b>02 / 13 / 2014</b>  <b>Transaction ID : 5785660</b>            Amount of Each Receipt this Period            1000.00         </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Eric Jason Strauss MD**

Mailing Address 340 East 64th St Apt 17G

City State Zip Code  
 New York NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NYU Hospital for Joint Diseases

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 13 2014

**Transaction ID : 5785732**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mark C Meier MD**

Mailing Address Orthopaedic Associates  
 901 N Curtis #501

City State Zip Code  
 Boise ID 83706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 St. Alphonsus Hip and Knee

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 13 2014

**Transaction ID : 5785734**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Joseph R O'Brien MD**

Mailing Address 4724 23rd St North

City State Zip Code  
 Arlington VA 22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 George Washington Univ

Occupation  
 Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 13 2014

**Transaction ID : 5785735**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Tye Ouzounian MD</b></p> <p>Mailing Address 17401 Magnolia Blvd</p> <p>City State Zip Code  Encino CA 91316</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 13 / 2014</p> <p><b>Transaction ID : 5785737</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Cyrus S Kump II, MD</b></p> <p>Mailing Address 118 Tempsford Lane</p> <p>City State Zip Code  Richmond VA 23226</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 13 / 2014</p> <p><b>Transaction ID : 5785738</b></p> <p>Amount of Each Receipt this Period  300.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Walter Burnham MD</b></p> <p>Mailing Address 4531 Alcorn Drive</p> <p>City State Zip Code  La Canada Flintridge CA 91011-1930</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 13 / 2014</p> <p><b>Transaction ID : 5785780</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1800.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James B Manning MD**

Mailing Address 9728 Verlaine Court

City

Las Vegas

State

NV

Zip Code

89145-8695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785803**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Steven M Theiss MD**

Mailing Address 1313 13th Street South

Orthopaedic Specialties Building

City

Birmingham

State

AL

Zip Code

35205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UAB Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785804**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. D Gordon Newbern MD**

Mailing Address 4412 S Lookout Rd

City

Little Rock

State

AR

Zip Code

72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785806**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Gary P Goodfried MD**

Mailing Address 19140 Falls Creek Dr

City State Zip Code  
 Flint TX 75162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785815**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Geoffrey H Cook MD**

Mailing Address 75 Tortilla Dr

City State Zip Code  
 Sedona AZ 86336-3721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785816**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. George Joseph Zambetti Jr, MD**

Mailing Address 103 Catherine Rd

City State Zip Code  
 Scarsdale NY 10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 13 / 2014

**Transaction ID : 5785818**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Leland F Spalding MD**

Mailing Address 3501 Bluff Ct

City State Zip Code  
 Carmichael CA 95608-2811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : 5785820**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kevin Coupe MD**

Mailing Address 2207 Riva Row Apt 3106

City State Zip Code  
 Spring TX 77380-3140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

UT Physicians

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : 5785823**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Sanaz Hariri MD**

Mailing Address 1169 Trinity Dr

City State Zip Code  
 Menlo Park CA 94025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : 5785829**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Michael Paul Chapman MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 13 / 2014  <b>Transaction ID : 5785830</b></p>		
<p>Mailing Address 985 Prince Phillip Dr</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
City Dubuque	State IA	Zip Code 52003			
FEC ID number of contributing federal political committee. C					
Name of Employer Medical Associates of Dubuque		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			
<p>Full Name (Last, First, Middle Initial)  <b>B. Jeffrey Glenn Hessing MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 13 / 2014  <b>Transaction ID : 5785831</b></p>		
<p>Mailing Address 6748 N Double Eagle Ln</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
City Meridian	State ID	Zip Code 83646-5190			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			
<p>Full Name (Last, First, Middle Initial)  <b>c. Craig Dunwody Cameron DO</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 13 / 2014  <b>Transaction ID : 5785833</b></p>		
<p>Mailing Address 717 Big Holley Drive</p>			<p>Amount of Each Receipt this Period  500.00</p>		
City Martinez	State GA	Zip Code 30907			
FEC ID number of contributing federal political committee. C					
Name of Employer Department of the Army		Occupation Orthopaedic Surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			2500.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Richard M Dix MD, JD**

Mailing Address P.O. Box 50129

City

Henderson

State

NV

Zip Code

89016-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2014

**Transaction ID : 5785834**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James B Stiehl MD**

Mailing Address 4573 CJ Heck Rd

City

Salem

State

IL

Zip Code

62881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2014

**Transaction ID : 5785835**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Todd Michael Oliver MD**

Mailing Address 8295 W Hwy UU

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 13 / 2014

**Transaction ID : 5785836**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Patrick M Sullivan MD</b></p> <p>Mailing Address 6001 Westown Pkwy</p> <p>City State Zip Code West Des Moines IA 50266-7702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Des Moines Orthopaedic Surgeons Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2014 <b>Transaction ID : 5786043</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Jamil Jacobs-EI MD</b></p> <p>Mailing Address 157 S Commonwealth Ave</p> <p>City State Zip Code Aurora IL 60506-4815</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Dryer Medical Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2014 <b>Transaction ID : 5786045</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Bryan Scott Kamps MD</b></p> <p>Mailing Address 3741 Monarch Dr NE</p> <p>City State Zip Code Grand Rapids MI 49525</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation RMCHS Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 13 / 2014 <b>Transaction ID : 5786055</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Hugh Bassewitz MD**

Mailing Address 3339 Mission Creek Ct

City State Zip Code  
 Las Vegas NV 89135

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Desert Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 15 / 2014

**Transaction ID : 5787915**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Stephen M McCollam MD**

Mailing Address 2001 Peachtree Rd NE Ste 705

City State Zip Code  
 Atlanta GA 30309-1476

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Peachtree Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : 5791315**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. P Merrill White MD**

Mailing Address 909 Woodside St

City State Zip Code  
 Knoxville TN 37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Orthopaedic Clinics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 02 / 17 / 2014

**Transaction ID : 5791319**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John Adrian Leupold MD**

Mailing Address 15581 213th Ave

City

Spirit Lake

State

IA

Zip Code

51360-7208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NW Iowa Bone, Joint & Sports Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : 5792534**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David A McGuire MD**

Mailing Address 4100 Lake Otis Pkwy Ste 320

City

Anchorage

State

AK

Zip Code

99508-5390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : 5792535**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. David Eli Rojer MD**

Mailing Address 419 Walton Rd

City

Maplewood

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Union County Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : 5792537**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David J King MD**

Mailing Address 32 Broadview Farm Rd

City State Zip Code  
 Saint Louis MO 63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2014

**Transaction ID : 5792539**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Elliott Nelson Lang MD**

Mailing Address 8900 SW 117th Ave Ste B104

City State Zip Code  
 Miami FL 33186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

South Dade Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2014

**Transaction ID : 5792540**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Paramjeet Singh Gill MD**

Mailing Address 1630 E Herndon Ave Ste 303

City State Zip Code  
 Fresno CA 93720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sierra Pacific Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2014

**Transaction ID : 5792568**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Struan H Coleman MD**

Mailing Address 535 E 70th St

City  
New York

State Zip Code  
NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 18 / 2014

**Transaction ID : 5792608**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David J Collon MD**

Mailing Address 26175 Carol Avenue

City  
Franklin

State Zip Code  
MI 48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Michigan Orthopaedic Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 18 / 2014

**Transaction ID : 5792611**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven Aaron Shapiro MD**

Mailing Address P.O. Box 91573

City  
Tucson

State Zip Code  
AZ 85752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tucson Orthopaedic Institute

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 18 / 2014

**Transaction ID : 5794057**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Daniel C Farber MD**

Mailing Address 1885 Florence Road

City

Mount Airy

State

MD

Zip Code

21771

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Maryland School of Med

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2014

**Transaction ID : 5795311**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Patrick M Palmer MD**

Mailing Address 8111 Princess Court

City

San Antonio

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UTHSCSA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : 5796454**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Michael Marks MD, MBA**

Mailing Address 24 Marine Ave

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norwalk Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 20 / 2014

**Transaction ID : 5798200**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. K William Kumler MD, MBA</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 20 / 2014  <b>Transaction ID : 5800264</b></p>	
<p>Mailing Address 903 Ridgewood Dr</p>			<p>Amount of Each Receipt this Period  1000.00</p>	
<p>City Maysville</p>	<p>State KY</p>	<p>Zip Code 41056</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer Meadowview Ortho Care Ctr</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. David A Abrutyn MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 19 / 2014  <b>Transaction ID : 5801337</b></p>	
<p>Mailing Address 20 Pitney Court</p>			<p>Amount of Each Receipt this Period  1000.00</p>	
<p>City Basking Ridge</p>	<p>State NJ</p>	<p>Zip Code 07920</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer Summit Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. John A Lombardi MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 19 / 2014  <b>Transaction ID : 5801338</b></p>	
<p>Mailing Address 6460 Double Eagle Drive #719</p>			<p>Amount of Each Receipt this Period  500.00</p>	
<p>City Woodridge</p>	<p>State IL</p>	<p>Zip Code 60517</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer DuPage Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>2500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Patrick A Smith MD**

Mailing Address 1305 Westview Terrace

City  
Columbia

State  
MO

Zip Code  
65203-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : 5801339**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. Dann Conrad Byck MD**

Mailing Address 1899 27th St

City  
Ogden

State  
UT

Zip Code  
84403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Utah Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : 5801347**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Kent R Adamson MD**

Mailing Address 225 Via Rancho

City  
San Clemente

State  
CA

Zip Code  
92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 19 / 2014

**Transaction ID : 5801348**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Michael Rowland MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 18 / 2014  <b>Transaction ID : 5801891</b></p>		
<p>Mailing Address 16 Summer Path Way</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Pembroke</p>	<p>State MA</p>	<p>Zip Code 02359</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Robert Allen Green MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 18 / 2014  <b>Transaction ID : 5801892</b></p>		
<p>Mailing Address 421 Cottage Grove Rd Ste B</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Bloomfield</p>	<p>State CT</p>	<p>Zip Code 06002-3170</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer St. Francis Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Wendall W Adams Jr, MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 18 / 2014  <b>Transaction ID : 5801893</b></p>		
<p>Mailing Address 3801 5th St SE Ste 110</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Puyallup</p>	<p>State WA</p>	<p>Zip Code 98374</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Proliance Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>			<p>2000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only).....▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ravi Patel MD**

Mailing Address 1810 Ladino Rd

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : 5801895**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael T Stowell MD**

Mailing Address 1120A Professional Court

City

Hagerstown

State

MD

Zip Code

21740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mid Atlantic Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : 5801899**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Scott K McClelland MD**

Mailing Address 135 East Shore Rd

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 18 / 2014

**Transaction ID : 5801901**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Rena Stewart MD**

Mailing Address 1124 Madison St

City State Zip Code  
 Quincy IL 62301-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quincy Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : 5801913**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Harrison B Solomon MD**

Mailing Address 6224 Clearwood Rd

City State Zip Code  
 Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montgomery Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : 5801914**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Evan L Flatow MD**

Mailing Address 390 Riverside Dr #3G

City State Zip Code  
 New York NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mt Sinai School of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : 5801915**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Omer A Ilahi MD**

Mailing Address 3671 Del Monte

City State Zip Code  
Houston TX 77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Ortho Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 5801919**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. James P Tasto MD**

Mailing Address 6719 Alvarado Rd  
Ste 200

City State Zip Code  
San Diego CA 92120-5256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 5801921**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Allen A Deutsch MD**

Mailing Address 4516 Oleander St

City State Zip Code  
Bellaire TX 77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kelsey Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 5801923**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Torin J Cunningham MD**

Mailing Address 48 Sea Terrace

City

Newport Coast

State

CA

Zip Code

92657-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : 5801926**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew M Malerich MD**

Mailing Address P.O. Box 1710

City

Bakersfield

State

CA

Zip Code

93302-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : 5801935**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ricardo J Rodriguez MD**

Mailing Address 6666 Pikes Lane

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baton Rouge Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

**Transaction ID : 5801938**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Bradley N Walter MD**

Mailing Address 1927 Old Monticello Rd

City State Zip Code  
Thomasville GA 31792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomasville Orthopedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2014

**Transaction ID : 5801994**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Brett Raymond Grebing MD**

Mailing Address 719 Schwarz Rd

City State Zip Code  
Edwardsville IL 62025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 21 / 2014

**Transaction ID : 5802346**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Theodore W Parsons III, MD**

Mailing Address 817 Palms Road

City State Zip Code  
Bloomfield Hills MI 48304-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 22 / 2014

**Transaction ID : 5802457**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Warren R Bourgeois III, MD**

Mailing Address 10025 Hyde Pl

City

River Ridge

State

LA

Zip Code

70123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Audubon Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2014

**Transaction ID : 5802484**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gerald J Lang MD**

Mailing Address 1685 Highland Ave

City

Madison

State

WI

Zip Code

53705-2281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 23 / 2014

**Transaction ID : 5802488**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Donald A Hackbarth Jr, MD**

Mailing Address N70 W14567 Terrace Drive

City

Menomonee Falls

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medical College of Wisconsin

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5805823**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Douglas D Nowak MD**

Mailing Address 12405 Ironwood Lane

City State Zip Code  
Mukilteo WA 98275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5805827**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert C Martin DO**

Mailing Address 110 Patrick Ct

City State Zip Code  
Rocky Mount NC 27804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5805829**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Frederick N Meyer MD**

Mailing Address 6505 Sugar Pointe Ct

City State Zip Code  
Mobile AL 36695-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of South Alabama

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5805830**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2250.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Ronald Emilio Delanois MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5805831</b></p>	
<p>Mailing Address 6 Brookfield Garth</p>			<p>Amount of Each Receipt this Period  2000.00</p>	
<p>City Lutherville</p>	<p>State MD</p>	<p>Zip Code 21093</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer Sinai Medical Center</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  2000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Seth Rosenzweig MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5805832</b></p>	
<p>Mailing Address 500 N Lewis Ste 280</p>			<p>Amount of Each Receipt this Period  500.00</p>	
<p>City New Iberia</p>	<p>State LA</p>	<p>Zip Code 70563</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer PACS</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Brian Makhuli MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5805833</b></p>	
<p>Mailing Address 1748 Woodwalk Creek</p>			<p>Amount of Each Receipt this Period  1000.00</p>	
<p>City Atlanta</p>	<p>State GA</p>	<p>Zip Code 30339</p>		
<p>FEC ID number of contributing federal political committee.  C</p>				
<p>Name of Employer Resurgens Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>3500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Charles H Classen MD</b></p> <p>Mailing Address Lenoir Orthopedics 701 Doctors Drive Ste G</p> <p>City Kinston State NC Zip Code 28501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Lenoir Memorial Hospital Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2014 <b>Transaction ID : 5805835</b></p> <p>Amount of Each Receipt this Period 300.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Frederick Suh Song MD</b></p> <p>Mailing Address 7 Beechtree Ln</p> <p>City Princeton State NJ Zip Code 08540</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Princeton Orthopaedic Associates Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2014 <b>Transaction ID : 5805836</b></p> <p>Amount of Each Receipt this Period 1500.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Stephen G J Eckrich MD</b></p> <p>Mailing Address 5511 Shooting Star Trail</p> <p>City Rapid City State SD Zip Code 57702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Black Hills Orthopaedic &amp; Spine Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 950.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 24 / 2014 <b>Transaction ID : 5808087</b></p> <p>Amount of Each Receipt this Period 950.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>2750.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kyle James Jeray MD**

Mailing Address Dept. of Orthopedic Surgery

701 Grove Rd, 2nd FL Support Tower

City

State

Zip Code

Greenville

SC

29605-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Hospital System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : 5808110**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas C McLaughlin MD**

Mailing Address 2667 Berkshire Rd

City

State

Zip Code

Cleveland

OH

44106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veterans Administration

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : 5809451**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Edward L Westerheide MD**

Mailing Address 800 Westwood Dr

City

State

Zip Code

Newark

OH

43055-9013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Specialists & Sports Medicine, I

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5809621**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Alan W Christensen MD**

Mailing Address 25 W. Crystal Lake St. Suite 200

City State Zip Code  
Orlando FL 32806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5809622**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Matthew C Reckmeyer MD**

Mailing Address Lincoln Ortho Ctr  
P.O. Box 6939

City State Zip Code  
Lincoln NE 68506-0939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lincoln Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5809623**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kevin J Reagan MD**

Mailing Address 35 Kennedy Dr

City State Zip Code  
Putnam CT 06260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center of Bone & Joint Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : 5809625**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Neal J Labana MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5809626</b></p>		
<p>Mailing Address 22821 Sun River Drive</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Frankfort</p>	<p>State IL</p>	<p>Zip Code 60423</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Premier Ortho &amp; Hand Ctr</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Ciro Cirrincione MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5809630</b></p>		
<p>Mailing Address 19 S Meadow Ct</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City South Barrington</p>	<p>State IL</p>	<p>Zip Code 60010</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Barrington Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Ronald G Hayter MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5809631</b></p>		
<p>Mailing Address 1660 Gulf to Bay Blvd</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Clearwater</p>	<p>State FL</p>	<p>Zip Code 33755-6423</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Florida Knee &amp; Ortho Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Kenneth R Catallozzi MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 24 / 2014  <b>Transaction ID : 5809632</b></p>		
<p>Mailing Address 7 Kirkbrae Drive</p>			<p>Amount of Each Receipt this Period  400.00</p>		
<p>City Lincoln</p>	<p>State RI</p>	<p>Zip Code 02865</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Orthopaedic Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  400.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Wilford K Gibson MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 01 / 2014  <b>Transaction ID : 5816438</b></p>		
<p>Mailing Address 4003 Arrowhead Point Ct</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Virginia Beach</p>	<p>State VA</p>	<p>Zip Code 23455</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Atlantic Orthopaedic Specialists</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Neil Thomas Katz MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816844</b></p>		
<p>Mailing Address P.O. Box 62076</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Irvine</p>	<p>State CA</p>	<p>Zip Code 92602-6069</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1650.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Saidi G Osman MD**

Mailing Address 205 Upper College Terrace

City

Frederick

State

MD

Zip Code

21701-4841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816846**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Thomas P Gross MD**

Mailing Address 1910 Blanding St

City

Columbia

State

SC

Zip Code

29201-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Midlands Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816849**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Timothy L Keenen MD**

Mailing Address Pacific Spine Specialists  
19260 SW 65th Ave Ste 270

City

Tualatin

State

OR

Zip Code

97062-5705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816852**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Frank Eugene Whitney MD**

Mailing Address 730 Cobble Creek

City

Templeton

State

CA

Zip Code

93465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816853**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lawrence Berson MD**

Mailing Address 71 Arlen Way

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816854**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Robert Q Lewis MD**

Mailing Address 6118 Parkway Dr

City

Corpus Christi

State

TX

Zip Code

78414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816855**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2050.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Peter W Ross MD**

Mailing Address P.O. Box 3916

City

Soldotna

State

AK

Zip Code

99669-3916

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816857**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Ignatius Kung MD**

Mailing Address 21325 Windy Hill Dr

City

Frankfort

State

IL

Zip Code

60423-8621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Ortho & Hand Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816860**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Allen Sanders Kent MD**

Mailing Address 6358 Lansdale

City

Fort Worth

State

TX

Zip Code

76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816861**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Alan Scott Tuckman MD**

Mailing Address 2933 Cotswold Rd

City

Sinking Spring

State

PA

Zip Code

19608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

**Transaction ID : 5816862**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mark Herman Meyer MD**

Mailing Address 5355 W 85th St

City

Kearney

State

NE

Zip Code

68845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

**Transaction ID : 5816865**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. William B Ericson Jr, MD**Mailing Address Ericson Hand Center  
6100 219th St SW Ste 540

City

Mountlake Terrace

State

WA

Zip Code

98043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

**Transaction ID : 5816866**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mark C Stewart MD**

Mailing Address 200 S Wenona St Ste 95

City

State

Zip Code

Bay City

MI

48706-8844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

**Transaction ID : 5816867**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Shawn Patrick Granger MD**

Mailing Address 379 Peavy Rd

City

State

Zip Code

Leesville

LA

71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2014

**Transaction ID : 5816868**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. B Christoph Meyer MD**

Mailing Address 915 Gessner Rd Ste 150

City

State

Zip Code

Houston

TX

77024-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

**Transaction ID : 5816869**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael S Todd DO**

Mailing Address 2450 Daybreak Drive

City State Zip Code  
 Wooster OH 44691

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSUMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : 5816870**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John H Shim MD**

Mailing Address Suite 200  
 12780 Race Track Rd

City State Zip Code  
 Tampa FL 33626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : 5816871**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John M Olsewski MD**

Mailing Address 16 Rivers Edge Dr # 407

City State Zip Code  
 Tarrytown NY 10591-7505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 27 / 2014

**Transaction ID : 5816873**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Timothy Charles Fitzgibbons MD</b></p> <p>Mailing Address 9824 Nottingham Dr</p> <p>City State Zip Code  Omaha NE 68114</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  GIKK Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 27 2014</p> <p><b>Transaction ID : 5816875</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Michael Betsy MD</b></p> <p>Mailing Address 7 Sparrowbush Rd</p> <p>City State Zip Code  Upper Saddle River NJ 07458</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 27 2014</p> <p><b>Transaction ID : 5816897</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Michael R Jordan MD</b></p> <p>Mailing Address 1800 Med Ctr Pkwy Ste 200</p> <p>City State Zip Code  Murfreesboro TN 37129</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Tennessee Orthopaedic Alliance Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 27 2014</p> <p><b>Transaction ID : 5816898</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1250.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Prasad V Gourineni MD**

Mailing Address 3420 Adams Rd

City

Oak Brook

State

IL

Zip Code

60523-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

**Transaction ID : 5816901**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Terry Jackman Beal MD**

Mailing Address 1309 Eagle Trail

City

Copperas Cove

State

TX

Zip Code

76522-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 27 / 2014

**Transaction ID : 5816902**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Peter T Hurley MD**

Mailing Address 2048 2nd St N.W.

City

Hickory

State

NC

Zip Code

28601-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Carolina

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

**Transaction ID : 5816903**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Paul David Peterson MD</b></p> <p>Mailing Address 5126 E 106th St</p> <p>City State Zip Code Tulsa OK 74137</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Tulsa Bone &amp; Joint Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816918</b> </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Brent C Nossaman DO</b></p> <p>Mailing Address 4802 S 109th E Ave</p> <p>City State Zip Code Tulsa OK 74146</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Tulsa Bone &amp; Joint Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816919</b> </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Brian E Lovelace MD</b></p> <p>Mailing Address 12455 E 100th St North Ste 190</p> <p>City State Zip Code Owasso OK 74055</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Tulsa Bone &amp; Joint Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816920</b> </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1500.00	
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

A. John F Josephson MD

Mailing Address 4802 S 109th East Ave

City State Zip Code  
Tulsa OK 74146-5822

FEC ID number of contributing federal political committee.

C

Name of Employer

Tulsa Bone &amp; Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2014

Transaction ID : 5816921

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Antoine I Jabbour MD

Mailing Address 5304 E 79th St

City State Zip Code  
Tulsa OK 74136-8464

FEC ID number of contributing federal political committee.

C

Name of Employer

Tulsa Bone &amp; Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2014

Transaction ID : 5816922

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ronald G Hood MD

Mailing Address 4802 S 109th East Ave

City State Zip Code  
Tulsa OK 71446-5822

FEC ID number of contributing federal political committee.

C

Name of Employer

Tulsa Bone &amp; Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 27 / 2014

Transaction ID : 5816923

Amount of Each Receipt this Period

500.00

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1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Thomas A Marberry MD</b></p> <p>Mailing Address 4802 S 109th East Ave</p> <p>City State Zip Code  Tulsa OK 74146</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Tulsa Bone &amp; Joint Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014</p> <p><b>Transaction ID : 5816924</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. James L Griffin MD</b></p> <p>Mailing Address 4802 S. 109th E. Ave.</p> <p>City State Zip Code  Tulsa OK 74146</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Tulsa Bone &amp; Joint Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014</p> <p><b>Transaction ID : 5816925</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Scott J Dunitz MD</b></p> <p>Mailing Address 4802 S 109 E Ave</p> <p>City State Zip Code  Tulsa OK 74146</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Tulsa Bone &amp; Joint Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014</p> <p><b>Transaction ID : 5816926</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kevin M Dukess MD**

Mailing Address 229 Woodward Blvd

City

Tulsa

State

OK

Zip Code

74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tulsa Bone & Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 5816927

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Marchel Word Clements DO**

Mailing Address 1413 W Plymouth St

City

Broken Arrow

State

OK

Zip Code

74012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tulsa Bone & Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 5816928

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William C Clark Jr, MD**

Mailing Address 3718 S. Delaware Ave

City

Tulsa

State

OK

Zip Code

74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tulsa Bone & Joint Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 5816929

Amount of Each Receipt this Period

500.00

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1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. John Charles Balbas MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816930</b></p>		
<p>Mailing Address 1375 E 26th PI</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Tulsa</p>	<p>State OK</p>	<p>Zip Code 74114-2735</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Tulsa Bone &amp; Joint Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Richard D Thomas MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816931</b></p>		
<p>Mailing Address 7653 S Marion Ave</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Tulsa</p>	<p>State OK</p>	<p>Zip Code 74136</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Tulsa Bone &amp; Joint Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Wesley M Stotler DO</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  02 / 27 / 2014  <b>Transaction ID : 5816932</b></p>		
<p>Mailing Address 4739 S Atlanta PI</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Tulsa</p>	<p>State OK</p>	<p>Zip Code 74105</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Tulsa Bone &amp; Joint Associates</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James C Slater MD**

Mailing Address 4802 S 109th East Ave

City State Zip Code  
Tulsa OK 74146-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tulsa Bone & Joint Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816933**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard M Stamile MD**

Mailing Address 4343 S Victor Ave

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tulsa Bone & Joint Associates

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 5816934**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Andrew Barrett Wolff MD**

Mailing Address 931 Douglass Dr

City State Zip Code  
Mc Lean VA 22101-1572

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nirschl Orthopaedic Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2014

**Transaction ID : 5817538**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Cary R Motz MD**

Mailing Address 8310 Sawgrass Dr

City State Zip Code  
 Lone Tree CO 80124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Denver-Vail Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 05 2014

**Transaction ID : 5819793**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. James William Barber MD**

Mailing Address 100 Doctors Dr Ste 103

City State Zip Code  
 Douglas GA 31533-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 05 2014

**Transaction ID : 5820598**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Douglas W Lundy MD**

Mailing Address 1368 Wynbrook Trace

City State Zip Code  
 Mableton GA 30126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 06 2014

**Transaction ID : 5829436**

Amount of Each Receipt this Period

1000.00

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1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael J Yaszemski MD, PhD**

Mailing Address 2806 15th Ave SW

City  
Rochester

State Zip Code  
MN 55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : 5861575**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Angelo DiFelice Jr, MD**

Mailing Address 15410 Treyburn Manor View

City  
Milton

State Zip Code  
GA 30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : 5861578**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Andrew Wilson Ryan MD**

Mailing Address 2537 Larkin Rd

City  
Lexington

State Zip Code  
KY 40503-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoKentucky

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2014

**Transaction ID : 5876732**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael Shay Womack MD**

Mailing Address 440 Oakmont Circle

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2014

**Transaction ID : 5876735**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Christopher P Chiodo MD**

Mailing Address 7 Bramel Circle

City

Walpole

State

MA

Zip Code

02081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brigham and Women's Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2014

**Transaction ID : 5876739**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Troy B Watkins Jr, MD**Mailing Address 8854 W. Emerald Street  
Suite 170

City

Boise

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mountain States Hand Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2014

**Transaction ID : 5876741**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Paul Strawn Sherbondy MD</b></p> <p>Mailing Address 507 Beaumont Drive</p> <p>City State Zip Code          State College PA 16801-8311</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Penn State Hershey Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          252.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          03 / 09 / 2014</p> <p><b>Transaction ID : 5876742</b></p> <p>Amount of Each Receipt this Period          84.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Melbourne D Boynton MD</b></p> <p>Mailing Address 3 Albert Cree Dr</p> <p>City State Zip Code          Rutland VT 05701-4601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Vermont Ortho Clinic Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1000.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          03 / 09 / 2014</p> <p><b>Transaction ID : 5876744</b></p> <p>Amount of Each Receipt this Period          1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>c. John Anthony DiPreta MD</b></p> <p>Mailing Address 35 West Sky Lane</p> <p>City State Zip Code          Clifton Park NY 12065-7203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          Capital Region Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          500.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          03 / 09 / 2014</p> <p><b>Transaction ID : 5876746</b></p> <p>Amount of Each Receipt this Period          500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1584.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Raymond S Duffett MD</b></p> <p>Mailing Address 1335 Belmont Ave</p> <p>City State Zip Code  Youngstown OH 44504-1103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 09 / 2014</p> <p><b>Transaction ID : 5876750</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Jason L Koh MD</b></p> <p>Mailing Address 308 Woodley Road</p> <p>City State Zip Code  Winnetka IL 60093</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  North Shore Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 09 / 2014</p> <p><b>Transaction ID : 5876752</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. Harry Schmaltz MD</b></p> <p>Mailing Address 334 Main St Ste 1</p> <p>City State Zip Code  Dickson City PA 18519</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Scranton Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 09 / 2014</p> <p><b>Transaction ID : 5876754</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2250.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Steven M Mardjetko MD</b></p> <p>Mailing Address 443 E Illinois Road</p> <p>City State Zip Code Lake Forest IL 60045-2354</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Illinois Bone &amp; Joint Institute Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2014 <b>Transaction ID : 5876756</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Dean R Schueller MD</b></p> <p>Mailing Address 1778 Sheridan</p> <p>City State Zip Code Ann Arbor MI 48104</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Self Employed Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2014 <b>Transaction ID : 5878754</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. W Stanley Foster MD</b></p> <p>Mailing Address 108 Valerie Dr</p> <p>City State Zip Code Lafayette LA 70508-6008</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Lafayette General Health Ventures Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2014 <b>Transaction ID : 5878831</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Rick Wilkerson DO**

Mailing Address Walnut Lane Farm  
2470 Hwy 18

City State Zip Code  
Spencer IA 51301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NW Iowa Bone, Joint & Sports Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : 5879254**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. James J York MD**

Mailing Address 105 Sandgate Ct.

City State Zip Code  
Millersville MD 21108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chesapeake Ortho & Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : 5879872**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Roland Y Nakata MD**

Mailing Address 815 S Fairmont Ave

City State Zip Code  
Lodi CA 95240-5116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884011**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Stephen J Incavo MD**

Mailing Address 3118 Quenby Avenue

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Methodist Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884013**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gregory S McDowell MD**

Mailing Address 2900 12th Ave N Ste 140W

City

Billings

State

MT

Zip Code

59101-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMontana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884014**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Austin Thomas Fragomen MD**

Mailing Address 48-25 64th St

City

Woodside

State

NY

Zip Code

11377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884019**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Kevin Michael McGee MD</b></p>			<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>03 / 06 / 2014</div> </div> </p>		
<p>Mailing Address 1532 Eagle Ridge Dr. NE</p>			<p><b>Transaction ID : 5884021</b></p>		
<p>City Albuquerque</p>	<p>State NM</p>	<p>Zip Code 87122</p>	<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> </div> </p>					
<p>Name of Employer Presbyterian Medical Group</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼  <div> <div>500.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) <b>B. Robert Hall MD</b></p>			<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>03 / 06 / 2014</div> </div> </p>		
<p>Mailing Address 9875 Middle Rock Road</p>			<p><b>Transaction ID : 5884022</b></p>		
<p>City Anchorage</p>	<p>State AK</p>	<p>Zip Code 99507</p>	<p>Amount of Each Receipt this Period  <div> <div>250.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> </div> </p>					
<p>Name of Employer Orthopaedic Physicians Anchorage</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼  <div> <div>250.00</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial) <b>c. Harry C Eschenroeder Jr, MD</b></p>			<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>03 / 06 / 2014</div> </div> </p>		
<p>Mailing Address 1946 Royal Oak Dr</p>			<p><b>Transaction ID : 5884025</b></p>		
<p>City Lynchburg</p>	<p>State VA</p>	<p>Zip Code 24503</p>	<p>Amount of Each Receipt this Period  <div> <div>500.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> </div> </p>					
<p>Name of Employer Orthopaedic Center of Central Virginia</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ </p>		<p>Aggregate Year-to-Date ▼  <div> <div>500.00</div> </div> </p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div> <div>1250.00</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div> <div></div> </div>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Andrew H Schmidt MD**

Mailing Address 701 Park Avenue

Mailcode G2

City

Minneapolis

State

MN

Zip Code

55415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hennepin Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884026**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joseph H Wombwell MD**

Mailing Address 4715 John Scott Drive

City

Lynchburg

State

VA

Zip Code

24503-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopaedic Center of Central Virginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884027**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher C Cooke MD**

Mailing Address 15 Lark Lane

City

Lancaster

State

PA

Zip Code

17603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates of Lancaster

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884028**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Frank Mike Essis Jr, MD</b></p> <p>Mailing Address 2111 Waterford Dr</p> <p>City Lancaster State PA Zip Code 17601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2014</p> <p><b>Transaction ID : 5884029</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Jimmy H Conway MD</b></p> <p>Mailing Address 10001 S Western</p> <p>City Oklahoma City State OK Zip Code 73139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer The Physicians Group Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2014</p> <p><b>Transaction ID : 5884146</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>c. Christopher C Schmidt MD</b></p> <p>Mailing Address 11 Murfield Ct</p> <p>City Bridgeville State PA Zip Code 15017</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer UPMC Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2014</p> <p><b>Transaction ID : 5884149</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>3000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Edward R Sweetser MD**

Mailing Address 5020 Creosote Run Rd

City State Zip Code  
Las Cruces NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Health Systems

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884165**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Tamron Jay Kleeman MD**

Mailing Address 16 Greenbriar Ln

City State Zip Code  
Wilton CT 06897-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Orthopaedics

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884167**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel E Matthews MD**

Mailing Address 134 Augusta Ct

City State Zip Code  
Fairhope AL 36532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alabama Orthopaedic Sports Medicine

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5884171**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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1000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Richard M Wilk MD</b></p> <p>Mailing Address 69 Dartmouth Street</p> <p>City State Zip Code Newton MA 02465</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Lahey Health Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014 <b>Transaction ID : 5884173</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Robert A Wainer MD</b></p> <p>Mailing Address 1130 N Church St Ste 100</p> <p>City State Zip Code Greensboro NC 27401</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Southeastern Orthopaedic Specialists Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014 <b>Transaction ID : 5884175</b></p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Alan S Hilibrand MD</b></p> <p>Mailing Address 925 Chestnut St 5th Fl</p> <p>City State Zip Code Philadelphia PA 19107-4206</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Reconstruction Ortho. Assoc. Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2014 <b>Transaction ID : 5884176</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Theodore A Evans MD**

Mailing Address 6045 Rolling Rd Dr

City

Pinecrest

State

FL

Zip Code

33156-5626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

**Transaction ID : 5884223**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas A Russell MD**

Mailing Address 240 Lagrange Creek Dr

City

Eads

State

TN

Zip Code

38028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 10 / 2014

**Transaction ID : 5884224**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Donald A Deinlein MD**

Mailing Address 5121 Clairmont Ave

City

Birmingham

State

AL

Zip Code

35222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Alabama Health Foundation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

**Transaction ID : 5884225**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Lawrence S Halperin MD**

Mailing Address 408 Spring Valley Ln

City

Altamonte Springs

State

FL

Zip Code

32714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orlando Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 5884226

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Charles C Craig MD**

Mailing Address 3 Hawthorne Court

City

Newton

State

KS

Zip Code

67114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 5884262

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Von L Evans Jr, MD**

Mailing Address 6917 Sanctuary Ln

City

Fort Worth

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 10 / 2014

Transaction ID : 5884263

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. David E Hassinger MD**

Mailing Address 4052 W Quail Hill Ct

City

Boise

State

ID

Zip Code

83703-3856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : 5884265**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Arnold Abraham Yashar MD**

Mailing Address 5531 Taft Ave

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : 5884266**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ira L Fedder MD**

Mailing Address 7505 Osler Dr Ste 104

City

Towson

State

MD

Zip Code

21204-7737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : 5884271**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Jeffrey Charles Easom DO</b></p> <p>Mailing Address 123 Langston Road</p> <p>City State Zip Code  Perry GA 31069-9320</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Middle GA Ortho Surgery &amp; Sports Med Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 10 / 2014</p> <p><b>Transaction ID : 5884273</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. David L Waxman MD</b></p> <p>Mailing Address 49 Diamond Cove Rd</p> <p>City State Zip Code  Bridgeport WV 26330-9637</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  United Hospital Center Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 10 / 2014</p> <p><b>Transaction ID : 5884274</b></p> <p>Amount of Each Receipt this Period  1000.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>c. Upshur M Spencer MD</b></p> <p>Mailing Address 9124 Gloralee St</p> <p>City State Zip Code  Anchorage AK 99502</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Anchorage Fracture &amp; Ortho Clinic Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 13 / 2014</p> <p><b>Transaction ID : 5885035</b></p> <p>Amount of Each Receipt this Period  500.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>2000.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Christopher George Furey MD**

Mailing Address 18900 South Woodland Road

City State Zip Code  
Shaker Heights OH 44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2014

**Transaction ID : 5886472**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cassim M Igram MD**

Mailing Address 1755 NW 130th Street

City State Zip Code  
Clive IA 50325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Iowa Orthopaedic Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5888098**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark A Snyder MD**

Mailing Address 7229 Overton Way

City State Zip Code  
Maineville OH 45039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TriHealth

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5888100**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Nick M DiGiovine MD**

Mailing Address 425 Two Bit Ln

City State Zip Code  
Butte MT 59701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Montana Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5888126**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Samuel Edwin Murrell III, MD**

Mailing Address 3946 Grandview Avenue

City State Zip Code  
Memphis TN 38111-7610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoMemphis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5888203**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Steven W Malik MD**

Mailing Address 208 Marlin Circle  
P.O. Box 27250

City State Zip Code  
Panama City Beach FL 32408-7214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5900192**

Amount of Each Receipt this Period

500.00

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**TOTAL** This Period (last page this line number only)..... ►

2500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jeffrey K Moore MD**

Mailing Address 4218-M Arendell Street

City State Zip Code  
Morehead City NC 28557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Moore Orthopaedics and Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5900193**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stephen J Burns MD**

Mailing Address 1225 E Coolspring Ave

City State Zip Code  
Michigan City IN 46360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Physician Network

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5900195**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Donald Knapke MD**

Mailing Address 3744 Thatcher Dr #1

City State Zip Code  
Rochester Hills MI 48309-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5900196**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Dante A Marra MD**

Mailing Address 2000 Eoff St #602

City State Zip Code  
 Wheeling WV 26003-6389

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : 5900197**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew R Lindaman DO**

Mailing Address 2130 E Stonebrook Ln

City State Zip Code  
 Eldridge IA 52748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ORA Orthopedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : 5900198**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Sri K Reddy MD**

Mailing Address 4802 South 109 E Avenue

City State Zip Code  
 Tulsa OK 74146-5822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Tulsa Bone & Joint Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : 5900926**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Ken Yamaguchi MD**

Mailing Address 660 South Euclid  
Campus Box 8233

City State Zip Code  
Saint Louis MO 63110-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington University, St. Louis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : 5912883**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Bruce R Buhr MD**

Mailing Address 1706 N Chapel Hill St

City State Zip Code  
Wichita KS 67206-5501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2014

**Transaction ID : 5914711**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Clayton B Brandes MD**

Mailing Address 9536 NE 31st St

City State Zip Code  
Bellevue WA 98004-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Proliance Surgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5914715**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Craig Alan Zeman MD**

Mailing Address 3525 Loma Vista Rd

City State Zip Code  
Ventura CA 93003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5914716**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. J Mark Blue MD**

Mailing Address 844 Washington Rd  
Suite102

City State Zip Code  
Westminster MD 21157-5782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Carroll Health Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5914717**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert Allen Mileski MD**

Mailing Address 8555 E Voltaire

City State Zip Code  
Scottsdale AZ 85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Phoenix Orthopedic Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2014

**Transaction ID : 5914718**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Laurie O Hughes MD**

Mailing Address 46 Kings Arms Rd

City

Little Rock

State

AR

Zip Code

72227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Arkansas Veterans Heal

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5914719**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mary Lloyd Ireland MD**

Mailing Address 601 Perimeter Dr Ste 200

City

Lexington

State

KY

Zip Code

40517-4121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kentucky Sports Medicine Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5914720**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jim K Hudson MD**

Mailing Address 13904 West El Bonito

City

Ocean Springs

State

MS

Zip Code

39564-5711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5914722**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. John Drkulec MD**

Mailing Address 1500 Long and Winding Road

City State Zip Code  
 Mansfield TX 76063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arlington Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5914724**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Clifford K Boese MD**

Mailing Address 23867 Dogwood Rd

City State Zip Code  
 Council Bluffs IA 51503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Miller Orthopedic Affiliates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5914725**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Jonathan E Fuller MD**

Mailing Address 9806 Fieldcrest Dr

City State Zip Code  
 Omaha NE 68114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2014

**Transaction ID : 5914726**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jeff Eric Schulman MD**

Mailing Address 3851 Barcroft Ln

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

**Transaction ID : 5915238**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew Zmurko MD**

Mailing Address 3 Albert Cree Drive

City

Rutland

State

VT

Zip Code

05701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RRMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : 5919313**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Eric B Benz MD**

Mailing Address 310 Chipman Park

City

Middlebury

State

VT

Zip Code

05753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Champlain Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2014

**Transaction ID : 5919317**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Edward Guerrant Lilly III, MD**

Mailing Address 1867 Hebron Rd

City State Zip Code  
Hendersonville NC 28739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2014

**Transaction ID : 5921212**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David Teuscher MD**

Mailing Address 825 Thomas Rd

City State Zip Code  
Beaumont TX 77706-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : 5921924**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Alex B Bodensab MD**

Mailing Address 105 Fawn Lane

City State Zip Code  
Chadds Ford PA 19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

First State Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

**Transaction ID : 5921925**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. William J Holt MD**

Mailing Address 300 S 18th St

City  
Quincy

State Zip Code  
IL 62301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Quincy Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2014

Transaction ID : 5921926

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Randall J Lewis MD**

Mailing Address 5631 Bent Branch Rd

City  
Bethesda

State Zip Code  
MD 20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Orthopaedic Center

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2014

Transaction ID : 5921942

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Alan T Kawaguchi MD**

Mailing Address 5121 Doverton Dr

City  
Stockton

State Zip Code  
CA 95219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpine Orthopedic Medical Group

Occupation  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2014

Transaction ID : 5921943

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Barry Scott Grames MD**

Mailing Address 1523 Rebecca Crest

City State Zip Code  
 Redlands CA 92373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : 5921944**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James B MacDougall MD**

Mailing Address 38608 128th St

City State Zip Code  
 Aberdeen SD 57401-8158

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : 5921945**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Edward L Cahill MD**

Mailing Address 2488 N California St

City State Zip Code  
 Stockton CA 95204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alpine Orthopedic Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : 5921960**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ronald Anthony Navarro MD**

Mailing Address 18 Wide Loop Rd

City

Rolling Hills

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5921979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gregory W Soghikian MD**

Mailing Address 12 Champagne Terrace

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NH Orthopaedic Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5921980

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Gregory G Gallant MD, MBA**

Mailing Address 3560 Byron Dr

City

Doylestown

State

PA

Zip Code

18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Abington Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5921981

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Frederick C Flandry MD</b></p> <p>Mailing Address 6262 Veterans Pkwy  P.O. Box 9517</p> <p>City State Zip Code  Columbus GA 31909-3540</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 24 / 2014</p> <p><b>Transaction ID : 5921982</b></p> <p>Amount of Each Receipt this Period  1000.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. Kevin B Shrock MD</b></p> <p>Mailing Address 1414 SE 3rd Ave</p> <p>City State Zip Code  Fort Lauderdale FL 33316-1910</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Ft. Lauderdale Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 24 / 2014</p> <p><b>Transaction ID : 5921984</b></p> <p>Amount of Each Receipt this Period  1000.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. Amir Alex Jahangir MD</b></p> <p>Mailing Address 108 Loring Ct</p> <p>City State Zip Code  Nashville TN 37220</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Vanderbilt Medical Group Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 24 / 2014</p> <p><b>Transaction ID : 5921985</b></p> <p>Amount of Each Receipt this Period  500.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>2500.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Hassan Riaz Mir MD**

Mailing Address 906 Lynnwood Blvd

City

Nashville

State

TN

Zip Code

37205-4527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2014

Transaction ID : 5921986

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christopher B Michelsen MD**

Mailing Address 5141 Broadway Rm 3-029

City

New York

State

NY

Zip Code

10034-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYOHA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2014

Transaction ID : 5922009

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Michael S Lefkowitz MD**

Mailing Address 180 N Drexel Ave

City

Columbus

State

OH

Zip Code

43209-1482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic &amp; Sports Medicine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2014

Transaction ID : 5922010

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Howard R Epps MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y  03 / 24 / 2014  <b>Transaction ID : 5922012</b></p>		
<p>Mailing Address 1936 Wroxtton Road</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Houston</p>	<p>State TX</p>	<p>Zip Code 77005</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Baylor College of Medicine</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  500.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Edward H Holliger MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y  03 / 24 / 2014  <b>Transaction ID : 5922013</b></p>		
<p>Mailing Address 15922 Manor Club Dr</p>			<p>Amount of Each Receipt this Period  2000.00</p>		
<p>City Alpharetta</p>	<p>State GA</p>	<p>Zip Code 30004</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Resurgens Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  2000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. James Allen O'Leary MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y  03 / 24 / 2014  <b>Transaction ID : 5922017</b></p>		
<p>Mailing Address 3 Hunt Master Ct</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Irmo</p>	<p>State SC</p>	<p>Zip Code 29063-9289</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Midlands Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>3500.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Vincent K McNerney MD**

Mailing Address P.O. Box 479

606 Van Beuren Road

City

New Vernon

State

NJ

Zip Code

07976-0479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Josephs Hospital Med Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2014

**Transaction ID : 5922018**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Craig Alan Butler MD, MBA**

Mailing Address 1019 Morris Avenue

City

Bryn Mawr

State

PA

Zip Code

19010-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Veritas Medical Solutions

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2014

**Transaction ID : 5922054**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark Monroe Theiss MD**

Mailing Address 3300 Gallows Rd

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : 5922089**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Richard W Naylor DO**

Mailing Address 4544 William Dr.

City

Waterloo

State

IA

Zip Code

50701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Covenant Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : 5922090**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David John Gandy MD**

Mailing Address 971 Lakeland Dr Ste 950

City

Jackson

State

MS

Zip Code

39216-4607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2014

**Transaction ID : 5922092**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Frank A B Gottschalk MD**

Mailing Address 16316 Fallkirk Dr

City

Dallas

State

TX

Zip Code

75248-2332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2014

**Transaction ID : 5922097**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2500.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Douglas K Dew MD, MBA**

Mailing Address 7023 N Oceanshore Blvd

City

Palm Coast

State

FL

Zip Code

32137-2312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St John's Shoulder & Knee Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5922103

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ronald Anthony Navarro MD**

Mailing Address 18 Wide Loop Rd

City

Rolling Hills

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern California Permanente Medical

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5922105

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Brian S Parsley MD**

Mailing Address 5420 West Loop South, Suite 2400

City

Bellaire

State

TX

Zip Code

77401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 24 / 2014

Transaction ID : 5922106

Amount of Each Receipt this Period

1000.00

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**TOTAL** This Period (last page this line number only)..... ►

1650.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Norman Douglas Boardman MD**

Mailing Address Dept of Ortho Surgery  
Box 980153 MCV Station

City State Zip Code  
Richmond VA 23298-0153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VCU

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2014

**Transaction ID : 5922107**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Barry J Snyder MD**

Mailing Address 497 Long Ln

City State Zip Code  
Huntingdon Valley PA 19006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 24 2014

**Transaction ID : 5922108**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Joseph A Bosco III, MD**

Mailing Address 301 East 17th Street  
Suite 1402

City State Zip Code  
New York NY 10003-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYU

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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03 24 2014

**Transaction ID : 5922109**

Amount of Each Receipt this Period

1000.00

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**TOTAL** This Period (last page this line number only)..... ►

2000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Timothy Allen Gibbons MD</b></p> <p>Mailing Address 1770 Springview Drive</p> <p>City State Zip Code Mason City IA 50401-2926</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Mason City Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2014</p> <p><b>Transaction ID : 5922150</b></p> <p>Amount of Each Receipt this Period 1000.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Charles F Leinberry MD</b></p> <p>Mailing Address 20 Ivy Ln</p> <p>City State Zip Code Chester Springs PA 19425</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Rothman Institute Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2014</p> <p><b>Transaction ID : 5922154</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Daniel J Karns MD</b></p> <p>Mailing Address 2472 Beachwood Blvd</p> <p>City State Zip Code Beachwood OH 44122</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Southwest Orthopaedics, Inc. Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2014</p> <p><b>Transaction ID : 5922175</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1500.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Paul G Johnson MD</b></p> <p>Mailing Address 6490 Excelsior Blvd Ste E400</p> <p>City State Zip Code St Louis Park MN 55426-4721</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Park Nicollet Clinic Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2014</p> <p><b>Transaction ID : 5922176</b></p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Jerome J Perra MD</b></p> <p>Mailing Address 1171 Southview Drive</p> <p>City State Zip Code Hastings MN 55033</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Summit Orthopaedics Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2014</p> <p><b>Transaction ID : 5922180</b></p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Thomas E Baumgarten MD</b></p> <p>Mailing Address 115 Ridgeland Dr</p> <p>City State Zip Code Greenville SC 29601-3016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Bon Secours Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2014</p> <p><b>Transaction ID : 5922181</b></p> <p>Amount of Each Receipt this Period 750.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		2750.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Thomas J Kane III, MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 26 / 2014  <b>Transaction ID : 5922182</b></p>		
<p>Mailing Address 550 S Beretania St Ste 402</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Honolulu</p>	<p>State HI</p>	<p>Zip Code 96813-2496</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Kane Orthopedic Institute</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. William J Hozack MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 26 / 2014  <b>Transaction ID : 5922190</b></p>		
<p>Mailing Address 925 Chestnut St 5th Fl</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Philadelphia</p>	<p>State PA</p>	<p>Zip Code 19107-4216</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Rothman Institute</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>c. Matthew S Shapiro MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 26 / 2014  <b>Transaction ID : 5922191</b></p>		
<p>Mailing Address 3946 Brae Burn Drive</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
<p>City Eugene</p>	<p>State OR</p>	<p>Zip Code 97405</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Slocum Center</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>3000.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kevin K Nahigian MD**

Mailing Address 85 Red Bay Rd

City State Zip Code  
 Elgin SC 29045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Shoulder & Knee

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : 5922192**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas Milleret Ring MD**

Mailing Address 1911 William Penn Way

City State Zip Code  
 Lancaster PA 17601-5852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : 5922193**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Joel Horning MD**

Mailing Address 77 W Roseville Road

City State Zip Code  
 Lancaster PA 17601-3928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : 5922194**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Spiro N Papas MD**

Mailing Address 200 Delafield Rd Ste 1040

City State Zip Code  
Pittsburgh PA 15215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : 5922195**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. David D Sieger MD**

Mailing Address 31 Olde Mill Ct

City State Zip Code  
Lititz PA 17543-8323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Orthopedic Associates of Lancaster

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : 5922196**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Matthew Roberts MD**

Mailing Address 325 E 72nd St Apt 9C

City State Zip Code  
New York NY 10021-4698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Hospital for Special Surgery

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : 5922197**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Blane William McCoy MD</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 26 / 2014  <b>Transaction ID : 5922199</b></p>	
<p>Mailing Address Medical Arts Ctr IV  6115 Powers Blvd Ste 100</p>		<p>Amount of Each Receipt this Period  1000.00</p>	
<p>City Parma State OH Zip Code 44129</p>			
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Southwest Orthopedics</p>	<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Leslie P Dean MD</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 26 / 2014  <b>Transaction ID : 5922201</b></p>	
<p>Mailing Address 11556 Tanglewood Lakes Circle</p>		<p>Amount of Each Receipt this Period  1000.00</p>	
<p>City Anchorage State AK Zip Code 99516</p>			
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Anchorage Fracture &amp; Ortho Clinic</p>	<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  1000.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. J Patrick Kessler MD</b></p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  03 / 26 / 2014  <b>Transaction ID : 5922202</b></p>	
<p>Mailing Address 613 Hemlock Hills Dr.</p>		<p>Amount of Each Receipt this Period  375.00</p>	
<p>City Franklin State NC Zip Code 28734-0227</p>			
<p>FEC ID number of contributing federal political committee. C</p>			
<p>Name of Employer Angel Medical Center</p>	<p>Occupation Orthopaedic Surgeon</p>		
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼  375.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>2375.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Shawn A Hayden MD**

Mailing Address 5124 Marble Falls Lane

City

Plano

State

TX

Zip Code

75093-7545

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2014

**Transaction ID : 5922230**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William R Sterba MD**

Mailing Address 137 Stuarton Dr

City

Wheaton

State

IL

Zip Code

60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadence Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2014

**Transaction ID : 5924982**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

431554.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. American Association of Orthopaedic Surgeons**

Mailing Address 6300 N River Road

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 15 2014

**Transaction ID : 5681910**

Amount of Each Receipt this Period

942.06

Bank fees refunded from affiliated organization

Full Name (Last, First, Middle Initial)

## **B. American Association of Orthopaedic Surgeons**

Mailing Address 6300 N River Road

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3711.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 21 2014

**Transaction ID : 5811456**

Amount of Each Receipt this Period

2769.13

Refund of bank fees from affiliated organization

Full Name (Last, First, Middle Initial)

## **C. American Association of Orthopaedic Surgeons**

Mailing Address 6300 N River Road

City State Zip Code  
 Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6830.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 26 2014

**Transaction ID : 5922233**

Amount of Each Receipt this Period

3118.83

Refund of bank fees from affiliated organization

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6830.02

6830.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Buck McKeon for Congress**

Mailing Address 23942 Lyons Ave #105

City State Zip Code  
Santa Clarita CA 91321

FEC ID number of contributing  
federal political committee.

**C** C00258244

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**02** / **24** / **2014**

**Transaction ID : 5811811**

Amount of Each Receipt this Period

1000.00

Refund of 2014 General contribution

Full Name (Last, First, Middle Initial)

## **B. Jim Gerlach for Congress Committee**

Mailing Address P.O. Box 87

City State Zip Code  
Uwchland PA 19480

FEC ID number of contributing  
federal political committee.

**C** C00372102

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**02** / **24** / **2014**

**Transaction ID : 5811812**

Amount of Each Receipt this Period

3000.00

Refund of 2014 General contribution

Full Name (Last, First, Middle Initial)

## **C. Levin for Congress**

Mailing Address P.O. Box 37

City State Zip Code  
Roseville MI 48066

FEC ID number of contributing  
federal political committee.

**C** C00156612

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

**02** / **24** / **2014**

**Transaction ID : 5811813**

Amount of Each Receipt this Period

350.00

Refund of 2014 General contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

4350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Latham for Congress**

Mailing Address P.O. Box 8237

City

Des Moines

State

IA

Zip Code

50525

FEC ID number of contributing  
federal political committee.

C

C00287045

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 06 / 2014

**Transaction ID : 5829438**

Amount of Each Receipt this Period

2000.00

Contribution refund 2014 General election

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

6350.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		06		2014

**Transaction ID : 5632010**

Amount of Each Disbursement this Period

291.54
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

**Transaction ID : 5632011**

Amount of Each Disbursement this Period

351.39
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2014

**Transaction ID : 5632012**

Amount of Each Disbursement this Period

213.65
--------

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

856.58
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

**Transaction ID : 5681911**

Amount of Each Disbursement this Period

117.37

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

**Transaction ID : 5769587**

Amount of Each Disbursement this Period

1162.28

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

**Transaction ID : 5769588**

Amount of Each Disbursement this Period

110.35

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1390.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2014

**Transaction ID : 5769589**

Amount of Each Disbursement this Period

102.42
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

**Transaction ID : 5769590**

Amount of Each Disbursement this Period

981.62
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5800259**

Amount of Each Disbursement this Period

295.09
--------

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1379.13
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

**Transaction ID : 5811814**

Amount of Each Disbursement this Period

290.04
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		20		2014

**Transaction ID : 5922002**

Amount of Each Disbursement this Period

624.57
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2014

**Transaction ID : 5922003**

Amount of Each Disbursement this Period

94.23
-------

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1008.84
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5922004**

Amount of Each Disbursement this Period

768.42
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5922005**

Amount of Each Disbursement this Period

1057.02
---------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

**Transaction ID : 5922007**

Amount of Each Disbursement this Period

58.18
-------

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1883.62
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

**Transaction ID : 5922139**

Amount of Each Disbursement this Period

71.03
-------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2014

**Transaction ID : 5922162**

Amount of Each Disbursement this Period

146.59
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

217.62

6735.79

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 5644387**Purpose of Disbursement  
12/4/13 Breakfast for Pat Tiberi

Amount of Each Disbursement this Period

350.00
--------

Candidate Name

**Patrick Tiberi**

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

12/4/13 Breakfast for Pat Tiberi

Full Name (Last, First, Middle Initial)

**B. Thom Tillis Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address P.O. Box 2489

City	State	Zip Code
Cornelius	NC	28031

**Transaction ID : 5670059**

Purpose of Disbursement

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Thom Tillis**

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District:

Full Name (Last, First, Middle Initial)

**C. Pioneer PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 217 3rd Street, SE

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 5670060**Purpose of Disbursement  
Tiberi's LPAC

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Pioneer PAC**

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Tiberi's LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10350.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition PAC (NDC PAC)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 233 Pennsylvania Ave SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Annual Renewal

011

**Transaction ID : 5670061**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**New Democrat Coalition PAC (NDC PAC)**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Annual Renewal

State: District:

Full Name (Last, First, Middle Initial)

**B. Langevin for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement

011

**Transaction ID : 5670064**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Jim Langevin**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

**Transaction ID : 5670065**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Joe Heck**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 265 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Carper for U.S. Senate**

Mailing Address P.O. Box 2882

City	State	Zip Code
Wilmington	DE	20002

Purpose of Disbursement

011

Candidate Name

**Thomas Carper**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: DE District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670123**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Lois Capps**

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement

011

Candidate Name

**Lois Capps**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670124**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address P.O. Box 16128

City	State	Zip Code
Houston	TX	77222

Purpose of Disbursement

011

Candidate Name

**Gene Green**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670125**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC--MC PAC**

Mailing Address P.O. Box 10134

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
McCarthy's LPAC

011

Candidate Name

**Majority Committee PAC--MC PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670126**

Amount of Each Disbursement this Period

5000.00
---------

McCarthy's LPAC

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement  
Annual Renewal

011

Candidate Name

**National Republican Senatorial Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670127**

Amount of Each Disbursement this Period

15000.00
----------

Annual Renewal

Full Name (Last, First, Middle Initial)

**C. Tuesday Group PAC**

Mailing Address P.O. Box 11586

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement  
Annual Renewal

011

Candidate Name

**Tuesday Group PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670128**

Amount of Each Disbursement this Period

5000.00
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Annual Renewal

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 267 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. People for Derek Kilmer**

Mailing Address P.O. Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement

011

Candidate Name

**Derek Kilmer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670136**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**Mailing Address 700 13th Street, NW  
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Check returned

011

Candidate Name

**Steny Hoyer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: DC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670137**

Amount of Each Disbursement this Period

1000.00
---------

Check returned

Full Name (Last, First, Middle Initial)

**C. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

Purpose of Disbursement

011

Candidate Name

**Joe Barton**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670138**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. VIEW PAC**

Mailing Address 3106 Russell Road

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Annual Renewal

Candidate Name

**VIEW PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670139**

Amount of Each Disbursement this Period

5000.00
---------

Annual Renewal

Full Name (Last, First, Middle Initial)

**B. Citizens for Prosperity in America Today CPAT**Mailing Address 228 S. Washington St.  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Toomey's LPAC

Candidate Name

**Citizens for Prosperity in America Today CPAT**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670140**

Amount of Each Disbursement this Period

5000.00
---------

Toomey's LPAC

Full Name (Last, First, Middle Initial)

**C. Bill Cassidy for U.S. Senate**

Mailing Address P.O. Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement

Candidate Name

**William Cassidy**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670142**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Lone Star PAC**

Mailing Address 217 Third St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Burgess' LPAC

011

Candidate Name

**Lone Star PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670143**

Amount of Each Disbursement this Period

2500.00
---------

Burgess' LPAC

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Comm.**

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Annual Renewal

011

Candidate Name

**National Republican Congressional Comm.**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5670144**

Amount of Each Disbursement this Period

15000.00
----------

Annual Renewal

Full Name (Last, First, Middle Initial)

**C. Lone Star PAC**

Mailing Address 217 Third St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Burgess' LPAC

011

Candidate Name

**Lone Star PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731017**

Amount of Each Disbursement this Period

1000.00
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Burgess' LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Holding Onto Oregon's Priorities PAC**

Mailing Address P.O. Box 3314

City	State	Zip Code
Portland	OR	97208

Purpose of Disbursement  
Wyden's LPAC

011

Candidate Name

**Holding Onto Oregon's Priorities PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731018**

Amount of Each Disbursement this Period

2500.00
---------

Wyden's LPAC

Full Name (Last, First, Middle Initial)

**B. AX PAC**

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Duffy's LPAC

011

Candidate Name

**AX PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731022**

Amount of Each Disbursement this Period

2500.00
---------

Duffy's LPAC

Full Name (Last, First, Middle Initial)

**C. PITTS PAC**

Mailing Address 1942 Park Plaza

City	State	Zip Code
Lancaster	PA	17601

Purpose of Disbursement  
Pitts' LPAC

011

Candidate Name

**PITTS PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731023**

Amount of Each Disbursement this Period

2500.00
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Pitts' LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Walberg for Congress**

Mailing Address P.O. Box 1362

City	State	Zip Code
Jackson	MI	49204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Timothy Walberg**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731074**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kaptur for Congress**

Mailing Address P.O. Box 899

City	State	Zip Code
Toledo	OH	43697

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marcy Kaptur**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731075**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. America Forward PAC**

Mailing Address P.O. Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement  
Conyers' LPAC

011

Category/  
Type

Candidate Name

**America Forward PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731076**

Amount of Each Disbursement this Period

5000.00
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Conyers' LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Renee Ellmers for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O. Box 97275

City	State	Zip Code
Raleigh	NC	27624

**Transaction ID : 5731082**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

**Renee Ellmers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

**B. Steve Israel for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O.Box 777

City	State	Zip Code
Deer Park	NY	11729

**Transaction ID : 5731083**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

**Steve Israel**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 02

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 120 Maryland Avenue, NE

City	State	Zip Code
Washington	DC	20002

**Transaction ID : 5731089**Purpose of Disbursement  
2014 Annual Dues

011

Amount of Each Disbursement this Period

15000.00

Candidate Name

**Democratic Senatorial Campaign Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

2014 Annual Dues

**SUBTOTAL** of Disbursements This Page (optional)..... ►

19000.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 430 S Capitol St SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Annual Dues

011

**Transaction ID : 5731095**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

2014 Annual Dues

State: District:

Full Name (Last, First, Middle Initial)

**B. Alamo PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 816 Congress Ave, Suite 960  
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Cornyn's LPAC

011

**Transaction ID : 5731101**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Alamo PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Cornyn's LPAC

State: District:

Full Name (Last, First, Middle Initial)

**C. Bluegrass Committee, The**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 400 North Capitol Street, NW  
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement  
McConnell's LPAC

011

**Transaction ID : 5731105**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Bluegrass Committee, The**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

McConnell's LPAC

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Rothfus for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O. Box 435

City	State	Zip Code
Sewickley	PA	15143

**Transaction ID : 5731106**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

**Rep. Keith Rothfus**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 12

Full Name (Last, First, Middle Initial)

**B. Hall for Congress Committee (Ralph Hall - Rockwall)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address P.O. Box 711

City	State	Zip Code
Rockwall	TX	75087

**Transaction ID : 5731107**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

**Ralph Hall**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TX District: 04

Full Name (Last, First, Middle Initial)

**C. Friends of Rosa Delauro**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

Mailing Address 12 Trumbull Street  
2nd Floor

City	State	Zip Code
New Haven	CT	06511

**Transaction ID : 5731108**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

**Rosa Delauro**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 03

**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Friends of Rosa Delauro**Mailing Address 12 Trumbull Street  
2nd Floor

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

**Rosa Delauro**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CT District: 03Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		27		2014

**Transaction ID : 5731109**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for U.S. Senate**

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
Funds Reported On <Enter Report Name Here>

Candidate Name

**William Cassidy**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: LA District:Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

**Transaction ID : 5740678**

Amount of Each Disbursement this Period

2500.00
---------

**[MEMO ITEM]**

Funds Reported On &lt;Enter Report Name Here&gt;

Full Name (Last, First, Middle Initial)

**C. Bill Cassidy for U.S. Senate**

Mailing Address P.O. Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
Re-designated funds for trans. dated 1/15/2014

Candidate Name

**William Cassidy**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: LA District:Disbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2014

**Transaction ID : 5740679**

Amount of Each Disbursement this Period

2500.00
---------

**[MEMO ITEM]**

Re-designated funds for trans. dated 1/15/2014

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Three 7-segment displays are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first display shows '01', the second shows '31', and the third shows '2014'.

-1000.00

Void - Hoyer for Congress-check returned

MM / DD / YYYY

Amount of Each Disbursement this Period

2650.00

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

Three digital displays are shown, each with a date format. The first display shows '02' with 'M' and 'M' above it. The second display shows '07' with 'D' and 'D' above it. The third display shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it. The displays are separated by slashes.

Amount of Each Disbursement this Period

5000.00

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

6650.00

\_\_\_\_\_

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 277 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Friends of Juan Vargas**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address 330 Encinitas Blvd., Suite 101

City	State	Zip Code
Encinitas	CA	95841

**Transaction ID : 5769496**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Juan Vargas**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 51

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address P.O. Box 6116

City	State	Zip Code
La Quinta	CA	92248

**Transaction ID : 5769497**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Raul Ruiz**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 36

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Bridge PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address 499 South Capitol Street, Sw  
Suite 422

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 5769501**Purpose of Disbursement  
Clyburn's PAC

011

Amount of Each Disbursement this Period

Candidate Name

**Bridge PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

5000.00
---------

Clyburn's PAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 278 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Alexander for Senate 2014 Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 5769502**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Lamar Alexander**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

**B. Mica for Congress**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

**Transaction ID : 5769503**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**John Mica**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		07		2014

**C. Renee Ellmers for Congress Committee**

Mailing Address P.O. Box 97275

City	State	Zip Code
Raleigh	NC	27624

**Transaction ID : 5769505**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Renee Ellmers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 279 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield	State CT	Zip Code 06824
-------------------	-------------	-------------------

Purpose of Disbursement  
Funds Reported On <Enter Report Name Here>

Candidate Name

**Rep. James Himes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

**Transaction ID : 5784974**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Funds Reported On &lt;Enter Report Name Here&gt;

Full Name (Last, First, Middle Initial)

**B. Himes for Congress**

Mailing Address 857 Post Road, #312

City Fairfield	State CT	Zip Code 06824
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Purpose of Disbursement  
Re-designated funds for trans. dated 11/21/2013

Candidate Name

**Rep. James Himes**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Convention2014

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2014

**Transaction ID : 5784975**

Amount of Each Disbursement this Period

1000.00
---------

**[MEMO ITEM]**

Re-designated funds for trans. dated 11/21/2013

Full Name (Last, First, Middle Initial)

**C. Marc Veasey Congressional Campaign Committee**

Mailing Address P.O. Box 50084

City Fort Worth	State TX	Zip Code 76105
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Purpose of Disbursement

Candidate Name

**Rep. Marc Veasey**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2014

**Transaction ID : 5799819**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 280 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Trust PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Upton's LPAC

011

Category/  
Type**Transaction ID : 5799824**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Trust PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Upton's LPAC

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Mailing Address P.O. Box 391

City Geneva State NY Zip Code 14456

Purpose of Disbursement

011

Category/  
Type**Transaction ID : 5799825**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Thomas Reed**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 29

Full Name (Last, First, Middle Initial)

**C. Republican National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Annual Dues

011

Category/  
Type**Transaction ID : 5799826**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**Republican National Committee**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

2014 Annual Dues

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 281 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Chesapeake PAC**Mailing Address 170 Old Enterprise Rd  
P.O. Box 5323

City Upper Marlboro State MD Zip Code 20774

Purpose of Disbursement  
Harris' LPAC

Candidate Name

**Chesapeake PAC**Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : 5799828**

Amount of Each Disbursement this Period

5000.00
---------

Harris' LPAC

Full Name (Last, First, Middle Initial)

**B. Richmond for Congress**Mailing Address 1631 Elysian Fields  
Suite 150

City New Orleans State LA Zip Code 70117

Purpose of Disbursement

Candidate Name

**Cedric Richmond**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: LA District: 02Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : 5799829**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Lois Capps**

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name

**Lois Capps**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 22Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	20	/	2014

**Transaction ID : 5799830**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 283 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michigan First PAC**

Mailing Address 901 N Washington St Suite 102

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Benishek's LPAC

011

Candidate Name

**Michigan First PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5799838**

Amount of Each Disbursement this Period

2500.00
---------

Benishek's LPAC

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reichert**

Mailing Address P.O. Box 2032

City	State	Zip Code
Issaquah	WA	98027

Purpose of Disbursement

011

Candidate Name

**Dave Reichert**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5799841**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Lone Star PAC**

Mailing Address 217 Third St. SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Burgess' LPAC

011

Candidate Name

**Lone Star PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5799842**

Amount of Each Disbursement this Period

1500.00
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Burgess' LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 284 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Simpson for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2014

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

**Transaction ID : 5799843**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Michael Simpson**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ID District: 02

Amount of Each Disbursement this Period
1500.00

Full Name (Last, First, Middle Initial)

**B. Every Republican is Crucial (ERIC) Pac**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2014

Mailing Address 25 East Main Street  
Suite 200

City	State	Zip Code
Richmond	VA	23219

**Transaction ID : 5799844**Purpose of Disbursement  
Cantor's LPAC

011

Amount of Each Disbursement this Period

Candidate Name

**Every Republican is Crucial (ERIC) Pac**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2500.00

Cantor's LPAC

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2014

Mailing Address P.O. Box 661

City	State	Zip Code
Collinsville	IL	62234

**Transaction ID : 5799845**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**John Shimkus**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 20

Amount of Each Disbursement this Period
2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

### A. Friends of Bob Johnson

011

1000.00

Robert E Johnson MD

Category/  
Type☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 01

**B. Friends of Todd Young, Inc.**

MM / DD / YYYY

011

A horizontal number line with 10 equal segments. The rightmost segment is shaded gray and labeled "2000.00".

Todd Young

Category/  
Type

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 09

### C. Pat Roberts for U.S. Senate

Three digital displays are shown, each with a row of small squares above the digits. The first display shows '02' with two squares above the '0' and two above the '2'. The second display shows '20' with one square above the '2' and one above the '0'. The third display shows '2014' with one square above each digit.

011

1500.00

## Pat Roberts

Category/  
Type☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 286 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Courtney for Congress**

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement

011

Candidate Name

**Joseph Courtney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5799849**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Moran for Kansas**

Mailing Address P.O. Box 1151

City	State	Zip Code
Hays	KS	67601

Purpose of Disbursement

011

Candidate Name

**Jerry Moran**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5799850**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pat Roberts for U.S. Senate**

Mailing Address Box 433

City	State	Zip Code
Great Bend	KS	67530

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

011

Candidate Name

**Pat Roberts**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

**Transaction ID : 5811077**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]**

Funds Reported On &lt;Enter Report Name Here&gt;

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Pat Roberts for U.S. Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Mailing Address Box 433

City	State	Zip Code
Great Bend	KS	67530

**Transaction ID : 5811078**Purpose of Disbursement  
Redesignate from primary to general Re-designated funds for trans. dated 2/20/2014

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Pat Roberts**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District:

**[MEMO ITEM]**

Redesignate from primary to general Re-designated funds for trans. dated 2/20/2014

Full Name (Last, First, Middle Initial)

**B. Donna Sheldon for Congress Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Mailing Address P.O. Box 1189

City	State	Zip Code
Monroe	GA	30655

**Transaction ID : 5820665**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Donna Sheldon**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Full Name (Last, First, Middle Initial)

**C. Delbene for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Mailing Address P.O. Box 487

City	State	Zip Code
Bothell	WA	98041

**Transaction ID : 5820666**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Rep. Suzan DelBene**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 288 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. People for Derek Kilmer**

Mailing Address P.O. Box 1574

City	State	Zip Code
Gig Harbor	WA	98335

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Derek Kilmer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5820667**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Blue Dog Pac, The**

Mailing Address 209 Pennsylvania Ave SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2014 Annual Dues

011

Category/  
Type

Candidate Name

**Blue Dog Pac, The**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5820668**

Amount of Each Disbursement this Period

5000.00
---------

2014 Annual Dues

Full Name (Last, First, Middle Initial)

**C. Healthcare Freedom Fund**

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement  
Roe's LPAC

011

Category/  
Type

Candidate Name

**Healthcare Freedom Fund**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5820669**

Amount of Each Disbursement this Period

5000.00
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Roe's LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 289 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Southerland for Congress**

Mailing Address P.O. Box 1692

City	State	Zip Code
Lynn Haven	FL	32444

Purpose of Disbursement

Candidate Name

**William Southerland**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5820670**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Shore PAC**

Mailing Address P.O. Box 3157

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
Pallone's LPAC

Candidate Name

**Shore PAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5820671**

Amount of Each Disbursement this Period

5000.00
---------

Pallone's LPAC

Full Name (Last, First, Middle Initial)

**C. Grassroots Organizing Acting and Leading PAC-GOALPAC**

Mailing Address P.O. Box 30344

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
S. Levin's LPAC

Candidate Name

**Grassroots Organizing Acting and Leading PAC-GOALPAC**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

**Transaction ID : 5822225**

Amount of Each Disbursement this Period

5000.00
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S. Levin's LPAC

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 290 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Luke Messer for Congress**

Mailing Address P.O. Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement

011

Candidate Name

**Rep. Luke Messer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

**Transaction ID : 5822561**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. John S Fund**

Mailing Address P.O. Box 853

City	State	Zip Code
Washington	IL	62025-0853

Purpose of Disbursement  
Shimkus' LPAC

011

Candidate Name

**John S Fund**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2014

**Transaction ID : 5822792**

Amount of Each Disbursement this Period

5000.00
---------

Shimkus' LPAC

Full Name (Last, First, Middle Initial)

**C. The Gula Graham Group**

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Fundraising Services

011

Candidate Name

**Larry Bucshon**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	19	/	2014

**Transaction ID : 5901076**

Amount of Each Disbursement this Period

350.00
--------

Fundraising Services

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6350.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. The Gula Graham Group**

Mailing Address 499 S Capitol St S.W. Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
2/11 Breakfast Fundraiser

Candidate Name

**Orrin Hatch**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

**Transaction ID : 5901078**

Amount of Each Disbursement this Period

350.00
--------

2/11 Breakfast Fundraiser

Full Name (Last, First, Middle Initial)

**B. Yarmuth for Congress**

Mailing Address 1815 Brownsboro Road

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement

Candidate Name

**John Yarmuth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : 5912886**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement

Candidate Name

**Joseph Crowley**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : 5912888**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2350.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 292 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement

011

Category/  
Type**Transaction ID : 5912889**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Patrick Tiberi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 12

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Mailing Address P.O. Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011

Category/  
Type**Transaction ID : 5912890**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Joe Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

Full Name (Last, First, Middle Initial)

**C. Victory Now PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Van Hollen's LPAC

011

Category/  
Type**Transaction ID : 5912891**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Victory Now PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Van Hollen's LPAC

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 293 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Southerland for Congress**

Mailing Address P.O. Box 1692

City	State	Zip Code
Lynn Haven	FL	32444

Purpose of Disbursement

Candidate Name

**William Southerland**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: FL District: 02

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5912892**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Lois Capps**

Mailing Address P.O. Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement

Candidate Name

**Lois Capps**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 22

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5912893**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address P.O.Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement

Candidate Name

**Amerish Bera**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 07

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5912894**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 294 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Friends of Elizabeth Esty**

Mailing Address P.O. Box 61

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement

011

Candidate Name

**Rep. Elizabeth Esty**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2014

**Transaction ID : 5912895**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Walz for U.S. Congress**

Mailing Address P.O. Box 938

City	State	Zip Code
Mankato	MN	56002

Purpose of Disbursement

011

Candidate Name

**Timothy Walz**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MN District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2014

**Transaction ID : 5912949**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Dan Maffei**

Mailing Address P.O. Box 230

City	State	Zip Code
Syracuse	NY	13214

Purpose of Disbursement

011

Candidate Name

**Daniel Maffei**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2014

**Transaction ID : 5912985**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Bucshon for Congress**

Mailing Address P.O. Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement

011

Candidate Name

**Larry Bucshon**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5912986**

Amount of Each Disbursement this Period

4650.00
---------

Full Name (Last, First, Middle Initial)

**B. Blumenauer for Congress**

Mailing Address 830 N.E. Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement

011

Candidate Name

**Earl Blumenauer**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5912987**

Amount of Each Disbursement this Period

4650.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Bob Johnson**

Mailing Address P.O. Box 16401

City	State	Zip Code
Savannah	GA	31416

Purpose of Disbursement

011

Candidate Name

**Robert E Johnson MD**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5912988**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10800.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ted Lieu**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : 5912990**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jim Renacci for Congress**

Mailing Address 150 Smokerise Drive

City	State	Zip Code
Wadsworth	OH	44281

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**James Renacci**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : 5912991**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Truth is Markets Work TIMW Fund**

Mailing Address 3886 Old Ems Drive SE

City	State	Zip Code
Grand Rapids	MI	49512

Purpose of Disbursement  
Walberg's LPAC

011

Category/  
Type

Candidate Name

**Truth is Markets Work TIMW Fund**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : 5912992**

Amount of Each Disbursement this Period

5000.00
---------

Walberg's LPAC

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 297 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Tisei Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Mailing Address 26 Main Street

City	State	Zip Code
Lynnfield	MA	01940

**Transaction ID : 5912993**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Richard Tisei**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 06

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Visclosky for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Mailing Address P.O. Box 10003

City	State	Zip Code
Merrillville	IN	46411

**Transaction ID : 5912995**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Peter Visclosky**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 01

4650.00
---------

Full Name (Last, First, Middle Initial)

**C. Tim Scott for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2014

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

**Transaction ID : 5912996**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Sen. Tim Scott**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: SC District:

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12150.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 298 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Collins for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Mailing Address P.O. Box 386

City	State	Zip Code
Clarence	NY	14031

**Transaction ID : 5912997**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**Rep. Christopher Collins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 27

Full Name (Last, First, Middle Initial)

**B. Hope for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Mailing Address P.O. Box 3060

City	State	Zip Code
Arlington	VA	22203

**Transaction ID : 5912999**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Patrick Hope**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 08

Full Name (Last, First, Middle Initial)

**C. Hope for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Mailing Address P.O. Box 3060

City	State	Zip Code
Arlington	VA	22203

**Transaction ID : 5913000**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Patrick Hope**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 08

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Mailing Address P.O. Box 137

City	State	Zip Code
Spokane	WA	99210

**Transaction ID : 5913001**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

3150.00
---------

Candidate Name

**Cathy Rodgers**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: WA District: 05

Full Name (Last, First, Middle Initial)

**B. Angerholzer Broz Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

Mailing Address 499 S Capitol St. SW  
Suite 422

City	State	Zip Code
Washington	DC	20003

**Transaction ID : 5913231**Purpose of Disbursement  
2-26-14 Rep Earl Blumenauer Event

011

Amount of Each Disbursement this Period

350.00
--------

Candidate Name

**Earl Blumenauer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OR District: 03

Full Name (Last, First, Middle Initial)

**C. Courtney for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

**Transaction ID : 5913232**Purpose of Disbursement  
Funds Reported On <Enter Report Name Here>

011

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Joseph Courtney**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 02

**[MEMO ITEM]**

Funds Reported On &lt;Enter Report Name Here&gt;

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Courtney for Congress**

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement	
Re-designated funds for trans. dated 2/20/2014	
trans. dated 2/20/2014	

Candidate Name

**Joseph Courtney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CT District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Convention2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5913233**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]**

Re-designated funds for trans. dated 2/20/2014 Re-designated funds for trans. dated 2/20/2014

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address P.O. Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement

Candidate Name

**Cathy Rodgers**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WA District: 05

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2014

**Transaction ID : 5914731**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Rokita, Inc.**

Mailing Address 314 Arsenal Ave.

City	State	Zip Code
Indianapolis	IN	46123

Purpose of Disbursement

Candidate Name

**Theodore Rokita**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IN District: 04

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**Transaction ID : 5920222**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 301 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Hoosiers for Rokita, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

Mailing Address 314 Arsenal Ave.

City	State	Zip Code
Indianapolis	IN	46123

**Transaction ID : 5920226**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Theodore Rokita**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**B. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 5920227**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Mark Warner**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**C. Friends of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

**Transaction ID : 5920230**

Purpose of Disbursement

011

Amount of Each Disbursement this Period

Candidate Name

**Mark Warner**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

5000.00

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Democrats Win Seats (DWS PAC)**

Mailing Address 1071 Twin Branch LN

City  
WestonState  
FLZip Code  
33326Purpose of Disbursement  
Wasserman Schultz' LPAC

011

Category/  
Type

Candidate Name

**Democrats Win Seats (DWS PAC)**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**Transaction ID : 5920231**

Amount of Each Disbursement this Period

2500.00
---------

Wasserman Schultz' LPAC

Full Name (Last, First, Middle Initial)

**B. Chris Coons for Delaware**

Mailing Address P.O. Box 9900

City  
NewarkState  
DEZip Code  
19714

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Christopher Coons**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**Transaction ID : 5920234**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Cotton for Senate**

Mailing Address P.O. Box 379

City  
DardanelleState  
ARZip Code  
72834

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Thomas Cotton**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2014

**Transaction ID : 5920295**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 303 OF 303

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Alamo PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2014

Mailing Address 816 Congress Ave, Suite 960  
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Cornyn's LPAC

011

**Transaction ID : 5923862**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Alamo PAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Cornyn's LPAC

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

361650.00